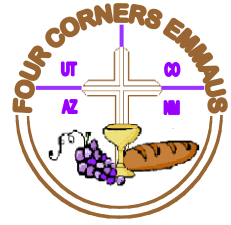


Registrar Use ONLY
Date Received _____
Paid _____
Check No. _____
Scholarship _____

Four Corners Emmaus Community

TEAM MEMBER REGISTRATION APPLICATION



NAME _____ EMAIL ADDRESS _____

MAILING ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ HOME PHONE (_____) _____

CELL PHONE (_____) _____ WORK PHONE (_____) _____

DATE OF BIRTH ____ / ____ / ____ I AM CLERGY YES NO GENDER M F

I HAVE Lanyard and Cross YES NO Name Tag YES NO

IF NO NAME TAG, NAME YOU WOULD LIKE ON YOUR NAME TAG _____

WALK ATTENDED # _____ LOCATION _____ YEAR _____

REUNION GROUP NAME _____

YEAR ATTENDED LAST TRAINING _____ CHURCH NOW ATTENDING _____

POSITION AGREED TO SERVE _____ WALK # _____

PLEASE NOTE NAME(S) OF PEOPLE COMING TO CAMP TO PRAY FOR YOU DURING YOUR TALK AND IF THEY WANT TO EAT A MEAL AT CAMP _____

PAST TALKS GIVEN _____

DIET RESTRICTIONS (TYPICAL MENU) _____

HEALTH CONCERNS/PHYSICAL HANDICAP _____

SPECIAL MEDICATIONS (NEED REFRIGERATION?) _____

SIGNATURE _____ DATE ____ / ____ / ____