**Husband and wife applications should be submitted at the same time. Any exceptions will be at the discretion of the Registrar Committee. Spiritual Director, and/or Community Lay Director.**

**Deposit Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return to your sponsor or GRE Registrar:**

**Kathy Wyatt**

**450 E. Main**

**Good Hope, IL 61438**

kmwyatt@me.com

309-252-1727

****

**CANDIDATE APPLICATION**

**Quincy/Great River Registration**

**(Duplicate at Needed)**

**TO BE COMPLETED BY CANDIDATE:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name preferred on Nametag:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Age:\_\_\_\_\_\_\_\_\_\_\_

Divorced Separated Single Widowed (Circle One)

If married, spouse’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will they go on as Emmaus Walk? Yes No (Circle One) (Submit at the same time)

Has your spouse ever attended? Emmaus Chrysalis Cursillo No (Circle One)

Emergency Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church now attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what religious or community organizations are you active? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has the Walk to Emmaus been explained to you? Yes No (Circle One)

Have weekly reunions and other Emmaus follow-up meetings been explained? Yes No (Circle One)

Are you on a special diet? Yes No If so, what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(So meals can be planned)

Special medication? Yes No If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(To remind you of times)

Do you have a health problem or physical handicap that may affect participation on an Emmaus weekend? Yes No If yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Wheelchair, etc.)

State briefly why you wish to be involved in the Emmaus Community and what you expect from it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Candidate Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All of the above information is necessary for your proper placement in a Walk to Emmaus. Please fill in all the blanks. Please enclose a registration deposit of **$25.00** unless Sponsor is paying**.** This will be applied to your total cost of **$150.00** that partially offsets the expenses of the weekend. This deposit is not refundable.

Make your check payable to: **Great River Emmaus Gathering Community or GREGC**

**~~~~~~~~~~~~ THIS FORM WILL BE HELD IN STRICT CONFIDENTIALITY** **~~~~~~~~~~~~~**