

2024 Hawaii Walk to Emmaus

Team Application

MEN'S WALK (Apr 4-7, 2024) _____ WOMEN'S WALK (Aug 15-18, 2024) _____

CLERGY _____ (Have you met Clergy requirements? Yes No)

NAME _____ NAME ON NAME TAG _____

Please circle title you prefer MR MRS MISS MS REV NONE

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Home Phone: () _____ Work Phone: () _____ Cellphone: () _____

Email Address: _____ Church you presently attend: _____

Occupation: _____

Team experience place a +. Position applying for put an X

Conference Room:

_____ Lay Director	_____ Spiritual Director	_____ Asst Musician
_____ Asst Lay Director	_____ Asst Spiritual Dir	_____ Table Leader
_____ Board Liaison	_____ Music Director	_____ Asst Table Leader

Which Talks have you given? _____

IF YOU REQUIRE A SPECIAL DIET, PLEASE DESCRIBE: _____ Do you snore? _____

I understand the importance of Emmaus Team Meetings in preparation for the Walk to Emmaus weekend and accept the commitment and responsibility to attend Team Meetings. I will be present throughout the entire 72-hour Walk to Emmaus and to the best of my ability, will attend the Fourth Day Program. Please submit a pre-registration fee of \$40 with this application.

Mail this form with pre-registration fee of \$40 to HUMU Walk to Emmaus, 20 South Vineyard Blvd, Honolulu, HI 96813 by March 4, 2024, for the Men's Walk and by July 15, 2024, for the Women's Walk. The cost for whole weekend is \$100. Make checks payable to HUMU Walk to Emmaus.

Will you need a scholarship in order to work the Walk? _____ How much will you need? _____

Signature: _____ Date: _____

Outside the Conference Room (Support Team):

_____ Head Kitchen	_____ Prayer Chapel Coord	_____ Asst Spiritual Director
_____ Asst Head Cook	_____ Dining Room Coord	_____ Airport transportation
_____ Agape Coordinator	_____ Candlelight Coord	_____ Transport Supplies
_____ Kitchen help (prep food, cook, wash dishes) What days & meals? _____		

_____ I will not be present during the entire weekend. I will make a contribution for meals.

_____ I will stay over _____ nights and will pay \$45/night. I will make a contribution for meals.

SUGGESTED CONTRIBUTION PER MEAL IS \$6.

Signature: _____ Date: _____

Office use: Date _____ Chk # _____ Amt \$ _____