



TEAM APPLICATION

To be completed by pilgrim (one per application). PLEASE PRINT.

Name: _____ Gender: M F Age: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Email Address: _____

Where did you make your Emmaus/walk?: _____

Date: _____ Walk #: _____

Are you in a reunion or accountability group?: Yes No

Church Name: _____

Denomination: _____ Attend Regularly?: Yes No

Date of Last Team Worked: _____ # of teams worked: _____

I have served as (*check all that apply*)

Table Leader Asst. Table Leader Outside Team Clergy

List Talks Given: _____

List Special Gifts (play guitar, etc.): _____

I would prefer to work in the following role (*check all that apply*)

Conference Room Team Outside Team Day Angel Musician Clergy

Select your weekend preference (*See the weekend schedule online or contact your area representative for specific dates*):

NOTE: Teams are picked approximately 4-5 months in advance so please keep that in mind when selecting a weekend.

1st Preference: _____

2nd Preference: _____

3rd Preference: _____

Signature: _____

Date: _____

Please mail completed applications to:

Aldersgate Emmaus Team Coordinator
C/O Dawn Carr
7601 Cypress Knee Dr
Hudson, FL 34467
daybreak723@live.com

Cost for team members is \$195. (An additional \$12 applies if you require a special diet.) Partial scholarships may be available. Please do not send a check with this application. You may also apply online at <http://www.aldersgateemmaus.org/applications>.