



Application No.....
Date offered place.....
Acceptance Received.....

Date Received.....

EMMAUS AUSTRALIA
NSW Central West Community

Dates: Central West #43 (men) 28th April-1st May 2022
Central West #44 (women) 5th-8th May 2022

Application Form

To be completed by APPLICANT (please PRINT clearly)

Title: (Please circle appropriate one) Mr Mrs Miss Ms Rev Pastor Dr Other.....

SURNAME: Preferred Christian Name:
(This name will appear on your name badge)

ADDRESS: P/code:

EMAIL ADDRESS:

PHONE NUMBER: (H) (W)..... (Mobile)

YOUR AGE GROUP: Under 30 30-40 41-50 51-60 61 & over

OCCUPATION:

PASTOR'S NAME: PHONE:.....

ADDRESS:..... P/code:.....

CHURCH:

Has the Emmaus Walk been explained to you by your sponsor?

State briefly why you would like to attend.....

.....
.....

PLEASE NOTE

You will be notified by mail of your acceptance and of the details re the weekend (eg things to bring etc.)

If you have anything which you wish to share with us please do so here and this will assist us in helping you have an enjoyable time on the Walk. This is totally at your discretion.

.....
.....
.....



Applicants release and indemnity

In consideration of Ansvr Insurance Limited. Faith organisation Insurance. DavelCorp Insurance Brokers and the Central West Emmaus Community

- ❖ Except to the extent that the above name, its officers, leaders, agents and members are entitled to be indemnified by an insurer under a policy of insurance, maintained by the Emmaus Australian Secretariat in Australia' I hereby release and indemnify the Ansvr Insurance Limited and the Central West Emmaus Community, its officers, other leaders, agents and members against any liability (including liability involving negligence) in relation to participation in any activity connected with the aforementioned, or when travelling to and from such activity.
- ❖ I authorise the Central West Emmaus Community, in the event of injury or illness occurring in connection with any activity connected with the Walk to Emmaus, to obtain on my behalf and at my expense any medical treatment as may be considered appropriate by them. I agree to pay all costs associated with such illness or injury.
- ❖ I give permission for my name, address, phone number and email address to be used for the production of Emmaus Walk and Community contact lists and in an Emmaus mailing database.

.....
PRINT FULL NAME

.....
APPLICANT'S SIGNATURE

...../...../.....
DATE

PRIVACY NOTE: The information on this form will be held in confidence by the Central West Emmaus Community Registrar and the Walk to Emmaus Lay Director.

This application form will be destroyed following the Walk once the contact details have been recorded on the database and contact list.

A copy of the name of Community Privacy policy can be obtained from the Registrar at the address below.

Are you willing to have our Emmaus Newsletter sent to you by E Mail.....

Don Butler
16 Green Lane
ORANGE NSW 2800
Phone (02) 6360 2096
Mobile 0429 602096
Email: butlerdgal@ozemail.com.au