



PORT ELIZABETH

EMMAUS COMMUNITY

**P.E. Emmaus Community
Team Application form to serve
on Walk to Emmaus #75 or #76**

Please complete this form and address to: The Registrar
fax to: 086 688 0872 or email to: registrar@pe-emmaus.co.za

Name: _____

Address: _____ Post code _____

Email: _____ Cell: _____

Phone: (h) _____ (w) _____

I did Walk number _____ in _____ Community

Indicate how **many times you have served** before on an Emmaus Team

Please **rank your preference** for serving in the following capacity (1 : highest)

<input type="checkbox"/>	Spiritual Director	<input type="checkbox"/>	Happy to serve where needed	<input type="checkbox"/>
<input type="checkbox"/>	Lay Director	<input type="checkbox"/>	Spiritual Director	<input type="checkbox"/>
<input type="checkbox"/>	Assistant Lay Director	<input type="checkbox"/>	Support Team Leader	<input type="checkbox"/>
<input type="checkbox"/>	Support Team Leader	<input type="checkbox"/>	Support Team Computer	<input type="checkbox"/>
<input type="checkbox"/>	Support Team Computer	<input type="checkbox"/>	Support Team Member	<input type="checkbox"/>
<input type="checkbox"/>	Support Team Member	<input type="checkbox"/>	Prayer Team Leader	<input type="checkbox"/>
<input type="checkbox"/>	Prayer Team Leader	<input type="checkbox"/>	Prayer Team Member	<input type="checkbox"/>
<input type="checkbox"/>	Prayer Team Member	<input type="checkbox"/>	Table Leader	<input type="checkbox"/>
<input type="checkbox"/>	Table Leader	<input type="checkbox"/>	Assistant Table Leader	<input type="checkbox"/>
<input type="checkbox"/>	Assistant Table Leader	<input type="checkbox"/>	Music Team Leader	<input type="checkbox"/>
<input type="checkbox"/>	Music Team Leader	<input type="checkbox"/>	Muso	<input type="checkbox"/>
<input type="checkbox"/>	Muso	<input type="checkbox"/>	AV Operator	<input type="checkbox"/>
<input type="checkbox"/>	AV Operator	<input type="checkbox"/>	Flowers	<input type="checkbox"/>
<input type="checkbox"/>	Flowers	<input type="checkbox"/>	Entertainment	<input type="checkbox"/>
<input type="checkbox"/>	Entertainment	<input type="checkbox"/>	Photographer	<input type="checkbox"/>
<input type="checkbox"/>	Photographer	<input type="checkbox"/>	Other (pls specify below)	<input type="checkbox"/>

Any info regarding your choices above? _____

Please indicate on **which walk** you would like to serve: ___ **Either** #75 or #76

___ **Men's** Walk #75 (5-8 Sept 2019) ___ **Ladies's** Walk #76 (12-15 Sept 2019)

Do you have any special dietary requirements for medical reasons:

I am **not available** to work on the Walks, but would like to make a financial contribution towards sponsoring a Pilgrim /Team member R _____

The compulsory **team formation** for both Walks will be:
First Team Formation – Sat 17th and Sun 18th August 2019
Second Team Formation – Saturday 24th August 2019

Venue: Westering Methodist Church.

Training times (approx) 07h30 – 18h00 (Saturday)
07h30 – 12h30 (Sunday)

The team costs for each Walk are:

Team Fees (inclusive of training) – R1,100

(We appeal to all team members to make payment in full by the end of the second training weekend)

Team fees can be deposited into:

Bank: Standard Bank

Account name: P E Emmaus

Account Number: 383 707 145

Branch Code: 051001

Reference: Your First name, Surname, Team, Walk No

(eg John Smith Team 75)

Your correct reference is essential as it is the only means by which we can balance the books

A bank deposit/electronic transfer is the most convenient payment for Emmaus!! If paying by cheque, make payable to P.E. Emmaus

Please fax the proof of payment to 086 688 0872 or email to treasurer@pe-emmaus.co.za

For further information about Emmaus, contact:

Community Spiritual Director:

Ronnie Allwright

Cell: 083 280 6038

Email: csd@pe-emmaus.co.za

Community Lay Director:

Lianne Kritzinger

Email: cld@pe-emmaus.co.za

Cell: 083 250 3536