

Use a PDF program to fill in this form, or your can print it

South Australian Emmaus Community

Face to Face Encounter Attendee Registration

Sat 19, Mon 21, Sat 26, Mon 28 October 2024

Daily Start times 8:30am – 5:00pm

The Registrar SA Emmaus Community			
	PO Box 616 Marleston BC SA 5033		
	registrar@adelaide.emmaus.org.au		
	Received		
	Paid		
	Reply		
	Sponsor		
	Reminder		
	Badge		

Preferred First Name: Last Name:			
(Your Preferred First Name will appear on your Name Badge)			
Male			
Mobile Landline			
Address & Pcode			
email			
^ Emergency contact name & ph:			
(^ If your spouse is attending with you, please provide someone, other than them, as the Contact person)			
Relationship: Phone:			
Church attended:			
Do you have any DIETARY requirements? Yes □ No □			
If Yes, please specify			
Do you require MEDICATION at set times during the day? Yes ☐ No ☐			
Please specify:			
Do you suffer from other AILMENTS or DISABILITIES or ALLERGIES? Yes ☐ No ☐			
If Yes, please specify:			
I give permission for my name, address, phone number, email address & photo image to be stored and used within the Emmaus Community, in accordance with our privacy policy.			
Signed: Date:			
Use your PDF software to draw your signature, or type your name in full. If printing the form, just sign & return it.			
Face to Face will be held at Rostrevor Baptist, 288 Montacute Rd, Rostrevor, cnr Montacute and Stradbroke Rds.			

Morning tea, lunch and afternoon tea are provided.

You will be notified by mail or email of your confirmation to attend.

INFORMATION PRIVACY

After an Applicant receives acceptance to a Face to Face Encounter these application details will be forwarded to the director of the Encounter. During the process of organising a Face to Face encounter, application information will be shared with appropriate team members, where it will remain confidential.

This application information may also be used to inform the applicant of future Emmaus activities.

When saving this document, please append the attendees name to the filename e.g. 2024_F2F_Attendee_Reg - Mary Jones

* Sponsor Information

* Having a Sponsor, is not a requirement to attend Face To Face. If you have a Sponsor, please give this form to them for completion.				
Name:	Phone:			
Address:	Pcode:			
Email: Church attending:				
Where did you attend your Walk: Wa	lk number or year:			
Reunion Group:				
Will the Pilgrim pay for the Encounter? Yes □ No □				
Does the applicant have a spouse who is also being sponsored? Yes \square No \square				
Will you pray and support the applicant and their family before, during and after the Encounter? Yes \square No \square				
Please state briefly why you recommend this applicant?				
Sponsor Signature:	Date:			
Use your PDF software to draw your signature, or type your name in full. If pr	rinting the form, just sign & return it.			
Payment Information				
The cost of the Face to Face Program is \$80 and payment may be paid by: EFT to "Adelaide Emmaus Community" BSB 015-025 Account Number 7450-10334. or by Cheque , made payable to "Adelaide (SA) Emmaus" Please use Applicant's surname and initial as reference eg SMITHJ for John Smith				

NOTE: Applications close Saturday 5 October 2024 for this Encounter. Applications are encouraged to be in as early as possible. Late applications may be deferred until the next Encounter in 2026

When saving this document, please append the attendees name to the filename e.g. 2024 F2F Attendee Reg - Mary Jones

Please email your completed form to registrar@adelaide.emmaus.org.au