

TEAM APPLICATION

Name	
Gender 🗖 Male 🛛 Female Age	
Address	
City	State Zip Code
Main Phone #	Alternate Phone #
Email	
Date of Walk	Walk #
Are you in a Reunion or Accountability group? 🗖	Yes 🗖 No
Name of church you regularly attend	
Date of last team you served on Ap	prox. how many teams have you served on?
Check all that apply. Served as: \Box Table Leader [🕽 Asst. Table Leader 🗖 Outside Team 🗖 Clergy
Talks you have given	
Do you play an instrument and/or sing (musician)?	
Check where you would like to serve 🗖 Conference	ce Room 🗖 Outside Team 🗖 Day Angel 🗖 Musician
Are you Clergy? 🗖 Yes 🛛 No If yes, have you se	erved as Clergy on a previous Emmaus walk?
Select your weekend preference. (See weekend da aldersgateemmaus.org, or contact your local Board months in advance to accommodate team meeting	d Rep.) NOTE: Teams are picked approximately 4-5
1 st Preference: Walk #	Weekend Dates
2 nd Preference: Walk #	Weekend Dates
3 rd Preference: Walk #	Weekend Dates
Cost for team members is \$200.	
Partial scholarships (25% of fee) may be available. aldersgateemmaus.org. Before requesting, please reunion group. If you serve once a year, it calculate	ask for help from your church, Emmaus Alumni or
PLEASE DO NOT SEND PAYMENT WITH TEAM APP aldersgateemmaus.org you can apply (aldersgatee there. (aldersgateemmaus.org/green-agape-fee-po	mmaus.org/applications) and/or make payments

Please mail your completed application to:

Aldersgate Emmaus Team Coordinator, c/o Dawn Carr, 7601 Cypress Knee Dr. Hudson, FL 34667