

TEAM APPLICATION

Name	
Gender Male Female Age Address	
City	State Zip Code
Main Phone #	Alternate Phone #
Email	
Where did you make your Emmaus Wall	? Walk #
Are you in a Reunion or Accountability g	roup?
Name of church you regularly attend	
	Approx. how many teams have you served on?
Check all that apply. Served as: 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 Room Outside Team Day Angel Musician	
1st Preference: Walk #	Weekend Dates
	Weekend Dates
	Weekend Dates
	available. You will need to fill out the Scholarship Form on g, please ask for help from your church, Emmaus Alumni or t calculates to less than \$15 a month.
	TEAM APPLICATION . If you have a registered account at dersgateemmaus.org/applications) and/or make payments appe-fee-payments)
Send completed team application to: Aldersgate Emmaus Team Coordinator -OR- mail to P.O. Box 120044, Clermont	by email at aldersgateemmausfl.gmail.com FL 34711-9998