

Request to Serve on a Walk to Emmaus

Last Name:		First Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:					
City:		State:	Zip Code:		Birth Date:
Home Phone:		Work Phone:		Cell Phone:	
My Walk Number/Location:					
I would like to serve on Walk Number:		Walk Dates:		Walk Type: <input type="checkbox"/> Mens <input type="checkbox"/> Womens	
Previous Team Experience:			Email Address:		
List your abilities & talents: (ie. Clowning, cooking, data-entry, music, etc.)					
I would Like to serve in:	<input type="checkbox"/> Pilgrim's Inn		A sponsor may work in the Inn as long as they feel it will not be a distraction to their Pilgrim		
	<input type="checkbox"/> Background				
Ways in Which I would Like to Serve on a Walk to Emmaus					
<input type="checkbox"/> Lay Director	<input type="checkbox"/> Vice Director	<input type="checkbox"/> Speaker	<input type="checkbox"/> Speaker Backup		
<input type="checkbox"/> Cha Cha	<input type="checkbox"/> Sacristan	<input type="checkbox"/> Music	<input type="checkbox"/> Clergy		
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Decorations	<input type="checkbox"/> Agape	<input type="checkbox"/> Quartermaster		
<input type="checkbox"/> Recorder	<input type="checkbox"/> Background Music	Team Coordinator For:			
<input type="checkbox"/> Saturday Love Team Head			<input type="checkbox"/> Sunday Love Team Head		
Special dietary needs:			Special needs, medicines or other considerations:		
Sponsoring: <input type="checkbox"/> Yes <input type="checkbox"/> No			Pilgrim's Name:		

Note: Please be sure to submit your \$50.00 per person fee via check or PayPal. Scholarships are generally available but must be requested in advance.

<input type="checkbox"/> I am enclosing a check to cover the walk fee.	<input type="checkbox"/> I am enclosing an amount for scholarship.
<input type="checkbox"/> I have paid the fee via PayPal.	<input type="checkbox"/> I have sent a scholarship via PayPal.
<input type="checkbox"/> I am unable to pay \$50.00 but am enclosing:	
<input type="checkbox"/> I am unable to pay. I am requesting a \$50.00 scholarship.	

Mail to: OTWTE Team Selection, PO Box 30556, Portland, OR 97294. If you are sending a check please note, on the check, the name of the person being paid for.