

Loudoun Valley Emmaus Team Application Form

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|--|-------------------------|--|-----------------------------------|
| First Name <i>(Please print clearly)</i> | | Last Name <i>(Please print clearly)</i> | |
| Street Address | | | |
| City | | State | Zip Code |
| Telephone Number - Home | Telephone Number - Work | | Cell / Pager Phone Number |
| Email Address - Home | | Email Address - Work | |
| Spouse's Name <i>(If Applicable)</i> | | Are you currently in a Reunion Group? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Your Walk <i>(Community, Walk # and Date)</i> | | Do you play a musical instrument? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes What? | |
| Home Church | | | Date of Birth <i>(mm/dd/yyyy)</i> |
| Team Experience <u>(Use back if necessary)</u> <i>(e.g., LV 25 – Table leader, etc)</i> | | | |
| Talks Given: <u>(Use back if necessary)</u> <i>(e.g., LV 27 Perseverance, etc)</i> | | | |
| LV Community Service: <i>(e.g., Community LD/SD, board member, Weekend Support Team, Gathering 4th Day talk, etc)</i> | | | |

Signature of Applicant

Date

After prayerful consideration, mail this FULLY completed application to:
Loudoun Valley Emmaus – PO Box 1518 – Sterling , VA 20167

FOR ADMINISTRATIVE USE ONLY

| Date Application Received | Date Invited | Date Accepted |
|---------------------------|--------------|---------------|
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