Date:	

Koinonia Emmaus Community Of Northeast Mississippi

Database	
(office use	only)

	1	cam Applica	ation Form	
Name:	Name:			
Address:		City :	State:	Zip:
Telephone: Home:	Work:		Email address:	
Original Walk Number	and Community:			
Spouse's name:		_ Spouse's Walk	Number, if applicable	
Church Name:	Church Name: Are		or layperson?	
area and indicate th	e community in			imes you have served in that
<u>I</u>	<u> AYPERSON</u>			<u>CLERGY</u>
Please indicate how m	any times you have serv	ed in each area.	Please indicate how	many times you have served in each area.
LD	ALD		Spiritual Director	::
TL	ATL		ASD:	
Committee Coordi	nator			
	ee Coordinator		Any other area:	
	Agape		Talks Given:	Grace
			Justifying C	irace
-	Worship		Obstacles o	f Grace
Conference Room	Clean Up		Sanctifying	Grace
Literature & Suppl	ies			
Registration & Boo	oklet		<u>SP</u>	ECIAL INTERESTS
Prayer Room	Music		Sing	
Any other area:				
Talks Given: Priority				
Priesthood			Play Piano	
Life in Piety			Tray Trans	
	gh Study			
Discipleshin	ion			
Changing Ou	r World			
Body of Chri	st			es to serve on a team must have an
Perseverance				The names of applicants are furnished to
Fourth Day _				x months prior to the weekend of the Walk. You will be asked to contribute \$ 125.00 the
Mail Completed Form to:		weekend of the walk	to help defray the expenses of food and	

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lodging. If you need assistance, please feel free to discuss this with the Lay Director.