

Cradle of Texas Emmaus Community

SERVICE APPLICATION

Mail to: Cradle of Texas Emmaus Community, P. O. Box 563, Lake Jackson, TX 77566

Name _____ Male Female Lay Clergy
Last First Initial

Telephone # (____) _____ Work (____) _____ Email _____

Do you meet regularly in a Group Reunion? Yes No Location _____ Time _____

Current Place of Worship: _____

I attended: Emmaus Cursillo Via de Christo Chrysalis Kairos

Walk #: _____ Date: _____ Location: _____

I commit to attending all the Team Meetings, to be active in a reunion group, to be present for the entire three-day weekend including Closing, and to attend the Follow-up meeting. I also agree, in a spirit of love and obedience, to follow the guidelines for team service as outlined in the Team Manual and as directed by The COT Emmaus Board through its representative and the Lay Director of the weekend. I understand that I will be responsible to pay the **\$150.00** weekend fee (do not enclose).

Your Signature _____ date: _____