

**CROSSROADS OF EASTERN PENNSYLVANIA
WALK TO EMMAUS TEAM APPLICATION 2026
MEN'S WALK – APRIL 8-11, 2027
WOMEN'S WALK – APRIL 15-18, 2027**

NAME: _____

NICKNAME: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

WALK ATTENDED: _____

ATTENDED FOURTH DAY WORKSHOP? _____

GATHERING: _____

HAVE YOU SERVED ON TEAM BEFORE? CHECK ALL THAT APPLY:

_____ WALK TO EMMAUS

_____ CHRYSALIS

_____ FACE TO FACE

PLEASE CHECK ALL POSITIONS HELD:

_____ LAY DIRECTOR

_____ TABLE LEADER

_____ ASSISTANT LAY DIRECTOR

_____ ASSISTANT TABLE LEADER

_____ OUTSIDE TEAM LEADER

_____ BOARD REPRESENTATIVE

_____ OUTSIDE TEAM MEMBER

_____ SONG LEADER

PLEASE CHECK ALL TALKS GIVEN:

_____ PRIORITY

_____ CHANGING OUR WORLD

_____ PRIESTHOOD OF ALL BELIEVERS

_____ GROWTH THROUGH STUDY

_____ PIETY

_____ DISCIPLESHIP

_____ CHRISTIAN ACTION

_____ BODY OF CHRIST

_____ PERSEVERANCE

_____ FOURTH DAY

HOW DO YOU SUPPORT THE CROSSROADS EMMAUS COMMUNITY? CHECK ALL THAT APPLY:

_____ AGAPE

_____ ATTEND WEEKEND CLOSING

_____ GATHERING

_____ OUTSIDE SERVANT

_____ ATTEND WEEKEND SENDOFF

_____ WEEKEND PREP

_____ ATTEND CANDLELIGHT

_____ FOURTH DAY

_____ PRAYER VIGIL

WHERE DO YOU WORSHIP? _____

ARE YOU IN A SMALL GROUP OR REUNIION GROUP? _____

WHAT INSTRUMENTS DO YOU PLAY? _____

DO YOU SING IN A CHOIR OR GROUP? _____

WILL YOU PARTICIPATE IN ALL TEAM MEETINGS? (PLACE TO DETERMINED)

- SATURDAY, JANUARY 9
- SATURDAY, JANUARY 30
- SATURDAY, FEBRUARY 20
- SATURDAY, MARCH 20

IF NO, EXPLAIN: _____

ANY MEDICAL OR DIETARY RESTRICTIONS?(i.e., walking, lower bunk, need bed near an outlet for medical device, vegetarian, gluten-free)PLEASE EXPLAIN:

_____ I UNDERSTAND THAT EACH APPLICANT AND EACH TEAM POSITION ARE PRAYERFULLY CONSIDERED, AND I WILL CHEERFULLY SERVE IN ANY POSITION THAT IS ASKED OF ME.

SIGNATURE: _____ DATE: _____

***There is a fee to serve on team which covers your accommodations and food for the weekend. This amount has not been determined for 2027. It was \$190 and will be close to that amount. Please do not send any money with your application. This will be collected at team training meetings.*

EMAIL COMPLETED APPLICATION TO:

KEITH METZEL – CHAIR, TEAM SELECTION COMMITTEE
sanctuarysound2015@gmail.com

or MAIL TO:

KEITH METZEL
115 APRIL LANE
DALLASTOWN, PA 17313

If you have any questions, please feel free to reach out to either Dory Erb or Erin Slye.

Dory - dory721@aol.com or 484-684-0098

Erin - erinslye@gmail.com or 610-960-9042