

Crossroads of Eastern Pennsylvania
Walk to Emmaus Team Application for the 70th Walks
Men's Walk: 4/9 – 4/12, 2026, Women's Walk: 4/16 – 4/19, 2025

NAME: _____

NICKNAME: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

WALK # ATTENDED: _____

ATTENDED FOURTH DAY WORKSHOP? _____

GATHERING: _____ (name of area Gathering group you are connected to)

WHERE DO YOU WORSHIP? _____

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

- EMMAUS
- CHRYSALIS
- FACE 2 FACE

PLEASE CHECK ALL POSITIONS HELD:

- | | |
|---|---|
| <input type="checkbox"/> LAY DIRECTOR | <input type="checkbox"/> TABLE LEADER |
| <input type="checkbox"/> ASSISTANT LAY DIRECTOR | <input type="checkbox"/> ASSISTANT TABLE LEADER |
| <input type="checkbox"/> OUTSIDE TEAM LEADER | <input type="checkbox"/> BOARD REPRESENTATIVE |
| <input type="checkbox"/> OUTSIDE TEAM MEMBER | <input type="checkbox"/> SONG LEADER |

PLEASE CHECK ALL TALKS GIVEN:

- | | |
|--|---|
| <input type="checkbox"/> PRIORITY | <input type="checkbox"/> CHANGING OUR WORLD |
| <input type="checkbox"/> PRIESTHOOD OF ALL BELIEVERS | <input type="checkbox"/> GROWTH THROUGH STUDY |
| <input type="checkbox"/> PIETY | <input type="checkbox"/> DISCIPLESHIP |
| <input type="checkbox"/> CHRISTIAN ACTION | <input type="checkbox"/> BODY OF CHRIST |
| <input type="checkbox"/> PERSEVERANCE | <input type="checkbox"/> FOURTH DAY |

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

- | | |
|---|---|
| <input type="checkbox"/> AGAPE | <input type="checkbox"/> ATTEND WEEKEND CLOSING |
| <input type="checkbox"/> GATHERING | <input type="checkbox"/> OUTSIDE SERVANT |
| <input type="checkbox"/> ATTEND WEEKEND SENDOFF | <input type="checkbox"/> WEEKEND PREP |
| <input type="checkbox"/> ATTEND CANDLELIGHT | <input type="checkbox"/> FOURTH DAY |
| | <input type="checkbox"/> PRAYER VIGIL |

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ARE YOU IN A SMALL GROUP OR REUNION GROUP? _____

WHAT INSTRUMENTS DO YOU PLAY? _____

DO YOU SING IN A CHOIR OR GROUP? _____

WILL YOU PARTICIPATE IN ALL TEAM MEETINGS?

- JANUARY 10, 2026 (Team Dedication & Training)
- FEBRUARY 7, 2026
- FEBRUARY 28, 2026
- MARCH 28, 2026
- SNOW DAY: As Needed
- Fourth Day: May 2, 2026

If no, explain: _____

ANY MEDICAL OR DIETARY RESTRICTIONS? (i.e. - Walking, need lower bunk, need bed near an outlet for a medical device, vegetarian, gluten-free, food allergies, other?) 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: _____

** TEAM FEE WILL BE ~\$190. **DO NOT SEND FEE WITH THE APPLICATION.** The team fee will be collected at team meetings.

EMAIL COMPLETED APPLICATION TO:
BECKY BENNINGTON – Bennington.Becky@gmail.com

Or USPS:
BECKY BENNINGTON
62 SOMERSET CT
DOWNTOWN, PA 19335

ANY QUESTIONS, PLEASE CONTACT BECKY AT 610.745.8413