

Sponsor's Name _____

SKYLANDS WALK TO EMMAUS
REQUEST FOR RESERVATION
Due 3 weeks prior to Walk

The information below is necessary for proper placement in a Walk to Emmaus. Candidate, please fill in all blanks.

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

Name for nametag _____ EMAIL ADDRESS _____

D.O.B. _____ Marital status _____ Sex _____ No. of children _____

I am an active church member of _____ Denomination _____

Church address _____

Town _____ Pastor's name (Supervisor if clergy) _____

In what religious or community organization(s) are you active? _____

Present occupation _____

Employer's name _____ Bus. phone (____) _____

Do you have a health problem or disability that may affect your attendance at a Walk to Emmaus? _____ If yes, please specify _____

Are you on any special medication? _____ If yes, please discuss your medical needs with your sponsor.

Are you on a special diet? _____ If yes, what kind? _____

Has the Walk to Emmaus been explained to you? _____ Has the follow-up program of Emmaus group, and the post Emmaus meetings been explained to you? _____

State briefly why you wish to be involved in the Emmaus Community and what you expect from it.

From whom did you hear about Emmaus? _____

Please enclose \$25.00 with your registration. This will be applied toward your total contribution of \$200.00. (This contribution partially offsets expenses paid by the Walk to Emmaus Community for your weekend.) The philosophy of our Emmaus Community is not to exclude anyone based on ability to pay. Make check(s) payable to: Skylands Walk to Emmaus. You will be notified of your acceptance for the weekend by the registrar. Thank you.

Applicant's signature _____ Date _____

APPLICANT: PLEASE RETURN COMPLETED FORM TO YOUR SPONSOR