

Aldersgate Walk to Emmaus

Request for Reservation

(One please for each Pilgrim)

To be completed by Pilgrim, PLEASE PRINT

For Office Use Only

Date: _____

Check # _____

Amount \$ _____

Name _____ Male _____ Female _____ Age _____

Spouse's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone (____) _____ Business Telephone (____) _____

E-mail address _____

Name or nickname wished on I.D. Tag _____

Married _____ Single _____ Widowed _____ Divorced _____ Number of Children _____

Church Membership (Denomination) _____ Attend Regularly? _____

Church Address _____

City _____ State _____ Zip Code _____

Church Telephone (____) _____ Pastor's Name _____

Occupation or Previous Occupation _____

Company _____ Hobbies _____

Formal Education (years or degree) _____

In what religious and/or community organizations are you active? _____

Has the "Walk to Emmaus" been explained to you by your sponsor? _____

Please specify any special dietary needs (food allergies, sugar or salt restriction, vegetarian, etc.) _____

If you are taking medications that must be taken at specific times, please explain:

The medication: _____ When taken: _____

Please specify any special physical needs (hearing, vision, need of wheelchair assistance, etc.) _____

Are you a smoker? _____

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

Weekend preference: March _____ Aug/Sept _____ Oct/Nov _____

*All of the above information is necessary to ensure that you get the most from your weekend and for us to be able to serve you best. **Please fill in all the blanks.***

Pilgrim's Signature _____ Date _____

Your Pastor's signature is recommended _____

Name and Number to notify/emergency (other than spouse) _____

Please enclose a pre-registration deposit of \$95.00. This will be applied toward your contribution of \$190.00 which offsets the expense of your weekend. Please note that this deposit will be forfeited if you cancel twice or if your cancellation is within seven (7) days of your weekend. Please make checks payable to: **Aldersgate Emmaus**

SORRY, THE \$95.00 DEPOSIT IS NOT REFUNDABLE

Sponsor's Name _____ Phone Number (____) _____