

# 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, Inc.**

**SORRY, THE \$95.00 DEPOSIT IS NOT REFUNDABLE**

Sponsor's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_