



REQUEST FOR RESERVATION

Please print clearly. This information helps us to better serve you. Please return the completed form to your Sponsor.

Name _____ Nickname for name tag _____

Address _____

City _____ State _____ Zip Code _____

Gender: Male Female Age _____ Single Married

Preferred Phone _____ Phone Type: Mobile Home

Email _____

If married, is your spouse attending a walk? Yes No Past Attendee

Name of your church _____ Pastor _____

Church Address _____

Denomination _____ Hobbies and Interests _____

What religious and/or community organizations are you involved with?

Occupation? _____

Please let us know if you have a special dietary need such as Gluten, Diabetic, Vegetarian. (There is a \$12 special dietary fee.)

Special Meal Request, if any _____

Required Medication(s) _____

Physical Limitations _____

Do you use a CPAP or other medical device that requires an electrical outlet? Yes No

Has the Walk to Emmaus weekend been explained to you by your Sponsor? Yes No

Briefly tell us why you would like to be involved in the Walk to Emmaus and what you expect from it.

Weekend Preference you want to attend - Walk # _____ and/or date _____

(Dates are on Aldersgate website aldersgateemmaus.org)

Sponsor's Name _____ Sponsor's Phone _____

Emergency Contact _____ Phone _____

Pilgrim Signature _____ Date _____

Sponsor Signature _____ Date _____

Note: For each application submitted, please enclose a non-refundable, pre-registration deposit of \$100. Each deposit is applied toward your contribution of \$200 which offsets the expense of the weekend. **Please make checks payable to Aldersgate Emmaus, Inc.**

For Emmaus Use Only
Date _____
Check # _____
Amount \$ _____

Please note that by submitting this application, you are granting permission to use your contact information and photograph in Aldersgate Emmaus publications and website.