



# REQUEST FOR RESERVATION

To be completed by Pilgrim

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

Name \_\_\_\_\_ Gender:  M  F

Address \_\_\_\_\_ Age \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_ Preferred Phone (\_\_\_\_) \_\_\_\_\_

Nickname (for name tag) \_\_\_\_\_ Marital Status:  Married  Single  Divorced  Widowed

Spouse's Name \_\_\_\_\_ Spouse Attending Emmaus?  Yes  No  Past Attendee

Church Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Pastor Name: \_\_\_\_\_

Denomination \_\_\_\_\_ Attend Regularly?  Yes  No

Occupation \_\_\_\_\_ In what religious and/or community organizations are you active? \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

**Please specify any special needs you may have. There is a \$12 additional fee for special meal requests.**

Special Meal Request (allergies or restrictions) \_\_\_\_\_

Required Medications \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Do you need to have access to an electrical outlet (for CPAP or other medical device)?  Yes  No

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

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

\_\_\_\_\_  
\_\_\_\_\_

Weekend Preference (Walk # or Date) \_\_\_\_\_ (See dates at [www.aldersgateemmaus.org](http://www.aldersgateemmaus.org))

Sponsor Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Pilgrim Signature \_\_\_\_\_ Date \_\_\_\_\_

Pastor Signature (recommended) \_\_\_\_\_ Date \_\_\_\_\_

*Note: For each application submitted, please enclose a non-refundable, pre-registration deposit of \$97.50. Each deposit is applied toward your contribution of \$195 which offsets the expense of your weekend.  
Please make checks payable to: Aldersgate Emmaus, Inc.*

**FOR EMMAUS USE ONLY**  
Date: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Amt: \_\_\_\_\_

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

REVISED: 10/2018