FLORIDA ALDERSGATE EMMAUS

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.

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 $225 which offsets the expense of the weekend. **Please make checks payable to Aldersgate Emmaus, Inc.**

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

For Emmaus Use Only

Date _____

Check # _____

Amount $_____

Revised 11/16/26 aes