

# Lowcountry Walk to Emmaus – Request for Reservations

Part 1 – To be completed by the Pilgrim, then returned to Sponsor with deposit (Please print legibly)

Name: \_\_\_\_\_ Name for Name Tag: \_\_\_\_\_

Street/City/State/Zip: \_\_\_\_\_

Phone: Home (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work(\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell(\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male or Female?(M/F)\_\_\_\_ Clergy?(Y/N)\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Marital Status?(√): \_\_Married; \_\_Single; \_\_Separated; \_\_Divorced; \_\_Widowed

Spouse's Name: \_\_\_\_\_ Attended Emmaus?(Y/N)\_\_\_\_ Attending Adjacent Weekend?(Y/N)\_\_\_\_

Do you have any health problem and/or physical handicap?(Y/N)\_\_\_\_ If so, Please explain: \_\_\_\_\_

Will you require physical assistance?(Y/N)\_\_\_\_ Elaborate: \_\_\_\_\_

Do you take any medicines (other than at bed time or upon arising)?(Y/N)\_\_\_\_ Elaborate: \_\_\_\_\_

Do you have dietary restrictions?(Y/N)\_\_\_\_ Elaborate: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone:(\_\_\_\_)\_\_\_\_-\_\_\_\_

Name of your Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Church Address: Street/City/Zip \_\_\_\_\_ Pastor Name: \_\_\_\_\_

Briefly explain why you wish to attend the Walk to Emmaus and what you expect from it: \_\_\_\_\_

The fee to attend the Walk to Emmaus is \$100 per person. A \$30 deposit is required with the application submission: the \$70 balance will be due at registration at the beginning of the Walk weekend. Please make checks payable to "Lowcountry Emmaus Community". This deposit is refundable only in case of an emergency. Applications received without the \$30 deposit will be returned to the Sponsor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

**Please return Pilgrim application and \$30 deposit to your Sponsor.**

Revised 10/19/2013