

LowCountry Walk to Emmaus

Request for Reservations

Part 1: *(To be completed by the Pilgrim and then returned to the Sponsor with deposit)*

Name: _____ Male/Female (circle)

Name for name tag: _____ Age: _____

Address _____ Phone: (____) _____

City _____ State _____ Zip _____

Your e-mail address: _____

Marital status: _____ Spouse's Name: _____ # of children _____

Present occupation: _____ Employer: _____

Church now attending: _____ Denomination: _____

Church address: _____ Pastor's name: _____

What activities are you involved in, in your local church? _____

Has the *Walk to Emmaus* been explained to you? _____

Have the follow-up activities been explained to you? _____

Are you on a special diet? _____ If yes, please explain (*be specific*):

Are you on special medication? _____ If yes, please explain (*be specific*):

Do you have any health problem or physical handicap that should be considered?

If yes, please explain (*be specific*): _____

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

IMPORTANT: If you are married and your spouse will not be attending this series of Walks, please attach a separate sheet explaining why you should be allowed to attend without your spouse.

Please attach a \$30.00 pre-registration deposit that will be applied towards your contribution of \$100.00. Make checks payable to "Lowcountry Emmaus Community". This deposit is refundable only in case of an emergency. Applications received without pre-registration fee will be returned to the sponsor.

Signature: _____ Date: _____

Sponsor's name: _____

***Please return application and deposit to your sponsor.**