

## 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: \_\_\_\_\_ Male/Female (circle)

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ # of Children: \_\_\_\_\_

Present Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name of Your Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Church Address: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Name your current involvement in your church's activities: \_\_\_\_\_

\_\_\_\_\_

Has the Walk to Emmaus been explained? \_\_\_\_\_ Have the follow-up activities been explained? \_\_\_\_\_

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 and/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:

\_\_\_\_\_

\_\_\_\_\_

The fee to attend the Walk to Emmaus is \$100.00 per person. A \$30.00 deposit is required with the application submission; the \$70.00 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 \$30.00 deposit will be returned to the Sponsor.

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

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

**Please return Pilgrim application and \$30.00 deposit to your Sponsor.**