

# 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.**

# Lowcountry Walk to Emmaus - Request for Reservations

## Part 2 - To be completed by the Sponsor

**Please print legibly:**

Sponsor's Name: \_\_\_\_\_ \*Co-Sponsor's Name \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

With which Community did you make your Weekend? \_\_\_\_\_

Location of Community: \_\_\_\_\_ Weekend #: \_\_\_\_\_ Date: (mo/yr) \_\_\_\_\_

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

Do you attend regularly? \_\_\_\_\_ Are you in a Reunion Group? \_\_\_\_\_ Name of Group: \_\_\_\_\_

How often do you meet? \_\_\_\_\_ Do you regularly attend monthly Gatherings? \_\_\_\_\_

How many Pilgrims have you sponsored? \_\_\_\_\_ On this Walk? \_\_\_\_\_

*Regarding this Pilgrim:*

**Pilgrim's name:** \_\_\_\_\_ How long have you known this Pilgrim? \_\_\_\_\_

Is the Pilgrim actively participating in their local church congregation? \_\_\_\_\_

Do they have the physical and mental health necessary for the 72-hour weekend? \_\_\_\_\_

If you answered "No", please explain in detail: \_\_\_\_\_

Have you discussed the Walk to Emmaus with their Spouse? \_\_\_\_\_ Will their Spouse be attending this series of Walks, or have they already attended? \_\_\_\_\_

Will you:      Bring the Pilgrim to Send-Off and stay for Sponsor's Hour Service?      \_\_\_\_\_  
                  Attend the Candlelight Service?      \_\_\_\_\_  
                  Help the Pilgrim find a Reunion Group?      \_\_\_\_\_  
                  Bring the Pilgrim to the 4<sup>th</sup> Day Event after the Weekend?      \_\_\_\_\_  
                  Care for the needs of the Pilgrim's family during the Weekend?      \_\_\_\_\_

Why do you feel that this person would be a good Pilgrim? \_\_\_\_\_

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

*Sponsor: have the Pilgrim fill in Part 1, then return the completed application & deposit to:*

**Lowcountry Emmaus**  
**Attn: Registrar**  
**PO Box 51828**  
**Summerville SC 29485-1828**

<b>FOR REGISTRAR USE:</b>	Walk Attended: # _____
Date app received: _____	Deposit received: \$ _____
(Check # _____ / Cash \$ _____ / Name on check: _____)	
Pilgrim info sent: _____	Sponsor info sent: _____
Pilgrim conf. received: _____	Balance due: \$ _____
(Check # _____ / Cash \$ _____ / Name on check: _____)	

\*Co-sponsor required if it has been less than 12 months since sponsor's Walk.