

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 \$80.00. 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: _____

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Part 2: (To be completed by the Sponsor)

Sponsor's Name: _____ E-Mail: _____

Address _____ Phone: (____) _____

City _____ State _____ Zip _____

With which Community did you make your weekend? _____

Location of Community: _____ Weekend #: _____

Church now attending: _____ Denomination: _____

Do you attend regularly? _____ Are you in a Reunion Group? _____

Name of Reunion Group: _____ How often do you meet? _____

Do you regularly participate in monthly Gatherings? _____

How many Pilgrims have you sponsored? _____ On this Walk? _____

Regarding this Pilgrim:

How long have you known the Pilgrim? _____

Is the Pilgrim actively participating in their local church congregation? _____

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

If you answered "No", please explain: _____

Have you discussed the *Walk to Emmaus* with their spouse? _____

Will their spouse be attending this series of *Walks* or have they already attended? _____

(Please note: If their spouse will not be attending during THIS series of *Walks* and has not already attended a weekend, please include their letter of explanation along with a letter of support for their participation from their pastor.)

Will you: Bring the Pilgrim to Send-Off and stay for Sponsor's Hour? _____

Attend the Candlelight Service? _____

Attend The Closing? _____

Help the Pilgrim to find a Reunion Group? _____

Bring the Pilgrim to the 4th Day Event after the Weekend? _____

Can you 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, please have the Pilgrim fill in Part 1, then return the completed application and deposit to:

Lowcountry Emmaus

P.O. Box 51828

Summerville, SC 29485-1828