

Lowcountry Walk to Emmaus - Request for Reservations

Part 1 -To be completed by the Pilgrim, then return to Sponsor with deposit

Please print legibly:

Name: _____ Male/Female (circle)

Name for Name Tag: _____ Email: _____

Street/City/State/Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Age: _____

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.

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Part 2 - To be completed by the Sponsor

Please print legibly:

Sponsor's Name: _____

Street/City/State/Zip: _____

Phone: (____) _____ Cell Phone: (____) _____ Email: _____

With which Community did you make your Weekend? _____

Location of Community: _____ Weekend #: _____

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 know 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 to 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 4th 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

FOR REGISTRAR USE:	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: _____)	