

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: _____ Name for Name Tag: _____

Street/City/State/Zip: _____

Phone: Home (____)____-____ Work(____)____-____ Cell(____)____-____ Email: _____

Date of Birth: _____ Male or Female?(M/F)____ Clergy?(Y/N)____ Occupation: _____

Employer: _____ Marital Status?(√): __Married; __Single; __Separated; __Divorced; __Widowed

Spouse's Name: _____ Attended Emmaus?(Y/N)____ Attending Adjacent Weekend?(Y/N)____

Do you have any health problem and/or physical handicap?(Y/N)____ If so, Please explain: _____

Will you require physical assistance?(Y/N)____ Elaborate: _____

Do you take any medicines (other than at bed time or upon arising)?(Y/N)____ Elaborate: _____

Do you have dietary restrictions?(Y/N)____ Elaborate: _____

Emergency Contact: _____ Relationship: _____ Phone:(____)____-____

Name of your Church: _____ Denomination: _____

Church Address: Street/City/Zip _____ Pastor Name: _____

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 per person. A \$30 deposit is required with the application submission: the \$70 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 deposit will be returned to the Sponsor.

Signature: _____ Date: _____

Sponsor's Name: _____

Please return Pilgrim application and \$30 deposit to your Sponsor.

Revised 10/19/2013

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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 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 complete Part 2. Return both parts & 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: _____)	

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