



**SKYLANDS WALK TO EMMAUS
REQUEST FOR RESERVATION
Due 3 weeks prior to Walk**

The information below is necessary for proper placement in a Walk to Emmaus.

Candidate, please fill in all blanks.

Sponsor's full name _____

Name _____ Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ Name for nametag _____

Email Address _____

Date of Birth _____ Marital status: Single__ Married__

Gender: Male__ Female__

Spouse/Partner's Full Name: _____

I am an active church member of _____

Church address: _____ Town _____

Pastor's name (or supervisor if clergy) _____

In what religious or community organization(s) are you active? _____

If Clergy (please specify) _____

Will you require physical assistance or accommodation on the Walk? _____

If yes, please specify _____

Are you on any special medications? _____ If yes, please discuss your medical needs with your sponsor.

Are you on a special diet? _____ If yes, please specify the type and any special foods you require on the weekend _____

Has the Walk to Emmaus been explained to you? _____ Has the follow-up program of Emmaus group, and the post Emmaus meetings been explained to you? _____

Emergency Contact (other than sponsor) Name: _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____

State briefly why you wish to be involved in the Emmaus Community and what you expect from it.

_____ From whom did you hear about Emmaus? _____

Please enclose \$100.00 with your registration. This will be applied toward your total contribution of \$300.00. (This contribution partially offsets expenses paid by the Walk to Emmaus Community for your weekend.) The philosophy of our Emmaus Community is not to exclude anyone based on ability to pay. Make check(s) payable to: Skylands Walk to Emmaus. You will be notified of your acceptance for the weekend by the registrar. Thank you.

Applicant's signature _____

Date _____

APPLICANT: PLEASE RETURN COMPLETED FORM TO YOUR SPONSOR