

**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? _____

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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.) 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