



## Living Water Emmaus of Florida

Pilgrim's Request for Reservation

*(Each Pilgrim should complete a form)*

We want you to get the most from your weekend. Please complete all of the information below to ensure that we are able to serve you best. Please fill in all of the blanks. Thank you.

FOR OFFICE USE

Check # \_\_\_\_\_

Amount \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Other Telephone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name or Nickname for I.D. Tags \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Number of Children \_\_\_\_\_

Spouse's Name (if applicable) \_\_\_\_\_

Church Membership (Denomination) \_\_\_\_\_ Do you attend regularly? \_\_\_\_\_

Church Address \_\_\_\_\_

Church City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Telephone (\_\_\_\_) \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Occupation (past or present) \_\_\_\_\_

Company \_\_\_\_\_ Hobbies \_\_\_\_\_

Has the "Walk to Emmaus" been explained to you by your sponsor? \_\_\_\_\_

Do you have any special dietary needs? If so, please explain (food allergies, sugar or salt restrictions, vegetarian, etc.) \_\_\_\_\_

If you are taking medications that must be taken at specific times, please explain (name of medication and time(s) of day). \_\_\_\_\_

If you have any special physical needs, please explain (hearing, vision, need of wheel chair assistance, etc.) \_\_\_\_\_

Are you a smoker? \_\_\_\_\_

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

Pilgrim's Signature \_\_\_\_\_ Date \_\_\_\_\_

Pastor's Signature (recommended) \_\_\_\_\_

Sponsor's Name \_\_\_\_\_ Sponsor's Telephone Number \_\_\_\_\_

Name and Telephone Number to notify in emergency (other than spouse) \_\_\_\_\_

Please enclose a check for your pre-registration deposit in the amount of \$60.00 made payable to Trinity United Methodist Church. Write "Living Water Emmaus" on the memo line. This deposit is NON-REFUNDABLE and will be applied toward your contribution of \$160.00 which offsets the expense of your weekend. Please note that the contribution will be forfeited if you cancel twice or if your cancellation is within seven (7) days of your weekend.

**SPACE IS LIMITED SO PLEASE SUBMIT AS SOON AS YOU CAN COMMIT TO THIS OPPORTUNITY.**

**DEADLINE TO SUBMIT THIS COMPLETED FORM AND YOUR DEPOSIT TO YOUR SPONSOR IS JANUARY 13, 2012.**