

Living Water Walk to Emmaus

Request for Reservation

(One please for each Pilgrim, **PLEASE PRINT**)

To be completed by Pilgrim, then return it to sponsor with deposit.

For Office Use Only

Date: _____

Check # _____

Amount \$ _____

Sent Notice _____

All of the information is necessary to ensure that you get the most from your weekend and for us to be able to serve you best. **Please fill in all the blanks.** Thank you.

Name _____ Male _____ Female _____ Age _____

Spouse's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone (_____) _____ Cellular Phone (_____) _____

E-mail address _____

Name or nickname wished on I.D. Tag _____

Married _____ Single _____ Widowed _____ Divorced _____ # of Children _____

Name of Church Membership _____ Attend Regularly? _____

Church Address _____

City _____ State _____ Zip Code _____

Church Telephone (____) _____ Pastor's Name _____

Occupation or Previous Occupation _____

Company _____ Hobbies _____

Formal Education (years or degree) _____

In what religious and/or community organizations are you active? _____

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

Please specify any special dietary needs (food allergies, sugar or salt restriction, vegetarian, etc.) _____

If you are taking medications that must be taken at specific times, please explain:

The medication: _____ When taken: _____

Please specify any special physical needs (hearing, vision, need of wheelchair 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 _____

Your Pastor's signature is recommended _____

Name and Number to notify/emergency (other than spouse) _____

Please enclose a pre-registration deposit of \$60.00. This will be applied toward your contribution of \$120.00 which offsets the expense of your weekend. . Please make checks payable to: **Trinity United Methodist Church.** Write **Living Water Emmaus** on the Memo line.

SORRY. THE \$60.00 DEPOSIT IS NOT REFUNDABLE

We will send you correspondence via emails. If you prefer regular mail please write **USE POSTAL MAIL ONLY** next to the email address line on the application form

Sponsor's Name _____ Phone Number (____) _____