



STILL WATERS EMMAUS COMMUNITY

Candidate Reservation Request for a Walk to Emmaus

NAME: _____ Age: _____

Name preferred on Nametag _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone _____

Spouse's name: _____ Spouse been on **Walk to Emmaus** _____ Walk # _____

If Children—how many: _____ Names & Ages _____

NAME of church now attending _____ Denomination _____

Pastor's Name _____ Has Pastor been on **Walk to Emmaus** _____

Please list religious/community activities in which you are actively involved: _____

BRIEFLY explain why you wish to participate in a **Walk to Emmaus** and what you expect from it: _____

Do you have any health or physical condition that may affect your walk? _____

Do you require a special diet or require medications? If so, please explain: _____

(Please notify your Sponsor if any of the above changes before the walk) Can you sleep on a top bunk if need be? _____

Has your sponsor explained the **Walk to Emmaus** and Follow-Up to you? _____

YOUR Employer: _____ Spouse Employer: _____

Signature: _____ Date _____

All applicable questions should be answered fully for your proper placement in a Walk to Emmaus.. Please PRINT legibly and use additional paper if need be. Return completed application to your sponsor, who will then complete the Sponsor Application. Both applications will be sent to the registrar with a non-refundable application fee of \$ 50.00 The total cost of the Walk to Emmaus is \$ 110.00. The balance of \$60.00 is due the evening the Walk and can be paid at the registration desk.

Walk Offer Date Response Yes / No Fee Paid? Date received by Registrar

1. _____

2. _____

3. _____