

WESTERN NEW YORK WALK TO EMMAUS

RESERVATION REQUEST SIDE 1

Note to Sponsor: Please indicate which Emmaus Weekend your candidate wishes to attend

01/10

Men's Walk # _____ Women's Walk # _____ Reunion Date _____

Instructions: Complete Each item on this form, printing legibly. **\$20.00 is due with this reservation (non-refundable).**
\$60.00 is due Thursday night of the Walk - Total \$80.00.

CANDIDATE INFORMATION (to be completed by the Candidate)

Name* _____ Your Pastor's Name _____
* As you wish it on your Name Tag (IMPORTANT)

Address _____ Address _____

Phone _____ Phone _____

E-Mail _____

Your Church _____

Your Best Friend's Name _____
(NOT a spouse or Candidate on the Walk)

Address and Phone # _____

Your Age _____ Smoking or Non-Smoking (Circle ONE)

Do you have Relatives going on this Walk? YES or NO (Circle ONE)

Nearest Non-Spouse Relative's Name _____

Address and Phone # _____

Do you have any Special Dietary Needs (e.g., Dibetic, Gluten-free, etc)? YES NO (Circle ONE)

Please Detail _____

Do you have any Special Health/Medication/Sleeping Needs? YES NO (Circle ONE)

Please Detail _____

Current Church Activities _____

What are your hopes and expectations for the Walk to Emmaus? _____

Has the Emmaus Follow-up program been explained to you? YES or NO (Circle ONE)

If you are Married, please provide the following information:			
Spouse's Name _____			
Is your spouse making a Walk to Emmaus?	YES	NO	N/A
NOTE: If NO, a completed "Non-Participating Spouse" Form must be attached to this reservation.			

Date _____ Candidate's Signature _____

Registrar Use ONLY			
Date Rec'd _____	Amount Paid \$ _____	Cash or Check # _____	Check Signature _____