

# **Western New York Walk to Emmaus Reservation Request** 05/19

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

**Please PRINT legibly**

Men's Walk # \_\_\_\_\_ Women's Walk # \_\_\_\_\_ Reunion Date \_\_\_\_\_

**Candidate:** Please complete each item on the form, printing legibly. A **\$20 deposit (non-refundable and not covered by a scholarship) is due with the form; \$65 is due Thursday night of the Walk. If unable to attend, the deposit and form will be held for the next two Walks before being destroyed. A new reservation form and \$20 deposit is required after this time.**

**Name\*** \_\_\_\_\_ **Your Pastor's Name** \_\_\_\_\_

\* As you wish it on your Name Tag (IMPORTANT)

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Your Church \_\_\_\_\_

Your Best Friend's Name \_\_\_\_\_ (Not a spouse or candidate on the Walk)

Address \_\_\_\_\_ 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 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Do you have any Special Dietary Needs? Yes or No (Circle one) Do you have any allergies? Yes or No (Circle one)

Please detail \_\_\_\_\_

Do you have any Special Health/Medication Needs? Yes or No (Circle one)

Please detail \_\_\_\_\_

Do you use a CPAP Machine? Yes or No (Circle one)

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 or No

NOTE: if NO, a completed "Non-Participating Spouse" Form must be attached to this reservation.

**Candidate's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Registrar Use ONLY

Date Rec'd \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Request Scholarship \_\_\_\_\_ Amount \$ \_\_\_\_\_

Cash or Check # \_\_\_\_\_ Check Signature \_\_\_\_\_

**Walk to Emmaus Reservation Form**

Revised 05/19

**SPONSOR INFORMATION (to be completed by the Sponsor)**

**Please PRINT Legibly**

Sponsor Name \_\_\_\_\_ Spouse's Name (if married) \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Your Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Pastor's Phone \_\_\_\_\_

What was your Walk? Emmaus # \_\_\_\_\_ Cursillo # \_\_\_\_\_ Koinonia # \_\_\_\_\_ Chrysalis Flight # \_\_\_\_\_

Date/Location? \_\_\_\_\_

Are you active in Your FOURTH DAY/Next Steps? Yes or No (circle one)

Which monthly gathering do you normally attend? \_\_\_\_\_

Have you attended a Sponsorship Workshop? Yes or No (Circle One)

Has your spouse made a Walk to Emmaus? Yes No N/A (Circle One)

Do you read the Rainbow Connection newsletter? Yes or No (Circle one)

How long have you known your candidate? \_\_\_\_\_ Please describe why you feel your candidate would enjoy (and then pass on to others) God's blessing after making this Walk to Emmaus.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there are any special considerations or sensitivities that you feel might affect your candidate during the Emmaus weekend, please explain. ***If none, please write none.***

\_\_\_\_\_  
\_\_\_\_\_

Special Instructions to the Sponsor: If your candidate responded NO to any questions about receiving information on 4<sup>th</sup> Day activities or (if applicable) the Couple's Guideline, the Registrar cannot accept the Reservation Request and will return it to you. If the candidate is married and the spouse is not making a Walk, you will need to complete additional information confirming that both husband and wife understand the Walk to Emmaus Couples Guideline. Please be aware that this form does not guarantee a place on the desired Weekend (e.g., Weekend is full, form received after deadline, information is missing, etc.) Please return this form, along with your candidate's NON-refundable \$20 deposit (make check payable to WNY Walk to Emmaus) to **Vincent & Cindy Hull, 4513 Felton Hill Rd, West Valley, NY 14171**. Attach additional sheets with more information as needed. Additional Registrar contact information 716-258-9000, email [registration@wnyemmaus.org](mailto:registration@wnyemmaus.org)

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_  
Sponsor Mentor Signature \_\_\_\_\_ Date \_\_\_\_\_  
**\*\*SPONSOR – Please be sure ALL questions are answered LEGIBLY on BOTH sides of this form. Thanks! \*\***