

Garden State Walk to Emmaus Request for Reservation

Website: www.gardenstateemmaus.org

E-mail: registrar@gardenstateemmaus.org

- We must have your signature, your sponsor's signature, and your pastor's signature before your request can be considered.
- Sponsors name _____
- The fee for this weekend is \$160.00. The full amount is due with the application. Make checks payable to Garden State Walk to Emmaus. In the event the walk is cancelled by the Emmaus board, the fee is refundable.
- Return the completed reservation request with your registration fee to your sponsor.

Garden State Walk to Emmaus reserves the right to limit the number of Pilgrims on each walk. When the walk limit is met all subsequent reservations will be held for openings or the next walk.

Please PRINT the answers to all questions. The information is needed for proper placement on the Walk. You will be notified via the contact information below when you are placed on a walk. Once notified you will have 10 days to accept or decline your reservation for that walk. If you decline, your reservation will be held for the next walk.

Name _____

I am a Lay Person _____ Clergy _____ Name desired on your name tag _____

Address _____ City/State/Zip _____

Home # _____ Cell # _____ Work # _____

E-mail Address _____ Occupation _____

Age _____ (for insurance) Single _____ Married _____ Spouse's Name _____

Church You Attend _____ Denomination _____

Church Address _____ City/State/Zip _____

Emergency Contact _____ Relationship _____

Home # _____ Cell # _____ Work # _____

Please list any special dietary needs, health concerns or physical handicaps that we should be aware of _____

Please list any special medications we should be aware of _____

Has the Walk to Emmaus been explained to you (including Fourth Day follow-up)? Yes _____ No _____

If married, has it been explained to your spouse? Yes _____ No _____ Can you attend on 3-4 day notice? _____

Briefly state what you expect from an Emmaus Weekend _____

Candidate's Signature: _____ Date: _____

Pastor's Name (*please print*) _____

I have/have not attended Emmaus _____ Cursillo _____ Tres Dias _____ Year attended _____ Location _____

Pastor's Signature _____ Date: _____

For registrar's use only Date received _____ Check # _____ Amount _____