

RETURN THIS FORM TO YOUR SPONSOR
SunCoast Walk to Emmaus



REQUEST FOR PILGRIM RESERVATION
RESERVATION MUST BE RETURNED TO YOUR SPONSOR
NO LATER THAN 30 DAYS BEFORE WALK BEGINS.

To be filled out by the applicant and returned to the sponsor.

PLEASE PRINT CLEARLY

Name: _____ Male Female

Name as you would like it to appear on your nametag: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Local Mailing Address: _____

City: _____ ST: _____ Zip: _____ Date of Birth: ____ / ____ / ____

Church now attending & denomination: _____

Church Address: _____ City: _____

Church Phone: _____ Pastor's Name: _____

Spouse's Name: _____ Marital Status: S M D W

Present Occupation: _____

In what church or community organizations are you active? _____

Has the Walk to Emmaus been fully explained to you, including the post-walk meeting and reunion groups?
 Yes No *Learn more about the Walk to Emmaus on our local website at www.suncoastemmaus.com or the international website at <http://emmaus.upperroom.org/>.*

State briefly why you wish to be involved in the Emmaus Community and what you expect from it: _____

Please tell us about yourself so that we may make your experience as comfortable as possible.

Are you on a special diet? Yes No Details: _____

Dairy-free Gluten-free Diabetic Celiac Vegetarian Vegan Atkins

Food Allergies? Yes No What food(s)? _____

Are you on special medication? Yes No Does it require refrigeration? Yes No

Does your medication(s) need to be taken at specific times? Yes No

If yes, please provide your sponsor or bring with you, a detailed list of medications, dosage and timing.

Desired sleeping arrangements: Lower Bunk Upper Bunk Either

Do you sleep with a CPAP machine? Yes No Do you require oxygen? Yes No

Do you wear hearing aids? Yes No Do you require a sign language translator? Yes No

Do you require the aid of a service animal? Yes No Do you use a wheelchair/walker? Yes No

#1 Emergency Contact Person: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

#2 Emergency Contact Person: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name of person(s) sponsoring you: _____

Applicant's Signature _____ Date: _____

All of the above information is necessary for your proper placement on the Walk to Emmaus. Please complete **ALL** requested information.

Registration fee is \$200.00 per person. Please enclose a non-refundable deposit of \$100. The balance of \$100 is due and payable 10 days prior to the walk's date (Thurs. evening). Please make all checks payable to **Suncoast Emmaus**.

Please indicate who will pay the balance of the registration fee:

Pilgrim Sponsor Church Other: _____



www.SunCoastEmmaus.com