

Heart of Florida Walk to Emmaus

Request for Reservation

Please Print

Name _____

Address _____ E-mail _____

City _____ State _____ Zip+4 _____ Home Phone () _____

Name or nickname you wish on I.D. tag? _____ Birth Date / / _____

Marital Status: M S D W Sep. (Circle One) _____ Spouse's Name _____ # of Children _____

If married, has your spouse attended a Walk to Emmaus? _____

Emergency contact person _____ Phone () _____

Church now attending _____ Pastor's Name _____

Present Occupation / Previous Occupation _____

Company Name _____ Phone () _____

Hobbies _____

In what religious or community organizations are you active? _____

Has the Walk to Emmaus been explained to You? _____

Are you on a special diet? _____ Or special medication? _____ If yes, explain _____

Do you have a health or physical handicap that may effect your attendance? _____

If yes, explain _____

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

Has the follow-up program of Emmaus groups and gatherings been explained to you? _____

Signature _____ Date _____

Name of Sponsor _____

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

Registration fee is \$150. Please enclose a pre-registration, non-refundable deposit of \$30.

The balance of \$120 is due and payable prior to the weekend but no later than Send-Off on Thursday evening of the weekend.

Make checks payable to Heart of Florida Emmaus Community.