



Walk to
Emmaus
THE UPPER ROOM[®]

Piedmont walk to Emmaus Request for Reservation

To be filled out by the candidate. All the following information is necessary for your proper placement on a Walk. Please fill in all blanks. Use reverse side if needed.

Name _____ Street _____

City _____ State _____ Zip _____ Name for Nametag _____

Phone Home _____ - _____ - _____ Cell _____ - _____ - _____ Email: _____ @ _____

Male ___ Female ___ Occupation: _____ Date of Birth ___/___/___

Marital Status: Married ___ Single ___ Separated ___ Divorced ___ Widowed ___

If married, name of spouse _____ Has your spouse attended Emmaus, Chrysalis, Cursillo, or other similar 72-hour weekend? ___ Where and when? _____

Do you need any physical assistance? Yes ___ No ___ If yes, what are your limitations? _____

Do you take any medications other than at bedtime or arising? Yes ___ No ___

Do you have any dietary restrictions? Yes ___ No ___ Please provide details: _____

Emergency Contact: Name _____ and phone number _____

Full Name and address of your church: _____ Pastor's Name _____

Briefly list other religious or community organizations in which you are active: _____

Has the Walk to Emmaus been explained to you? Yes/No _____ Have the follow-up programs of Reunion Groups and Gatherings been explained to you? Yes/No _____

State briefly why you would like to be involved in the Emmaus Community and what you expect to get from it?

Signature _____ Date: _____

Sponsor's Name _____ **Upon completion of this application, please return to your sponsor who will forward it to the Piedmont Emmaus Registrar.** Rev. 7/2015

For Registrar: Date Received _____ Fees Paid _____ Check # _____ Other _____