



Walk to
Emmaus
THE UPPER ROOM®

Piedmont Walk to Emmaus Request for Reservation

To be filled out by the candidate. Please fill in all blanks. Use reverse side if needed.

Name _____ Name for Nametag _____

Street Address _____

Phone _____ Email: _____ Date of Birth ____/____/____

Male ___ Female ___ Occupation: _____

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? Yes / No _____ Where and when? _____

Will you be using a CPAP? Yes / No _____

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

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

Do you have any dietary restrictions? Yes / No _____ If yes, please provide details: _____

Would you like to speak to someone regarding neurodiversity accommodations prior to the walk? Yes / No _____

Emergency Contact: Name _____ Phone number _____

Full Name of your church: _____ City _____

Pastor's Name _____

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

Sponsor's Name _____

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: _____

Upon completion of this application, please return to your sponsor who will forward it to the Piedmont Emmaus Registrar.

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