



REQUEST FOR RESERVATION

Please print clearly. This information helps us to better serve you. Please return the completed form to your Sponsor.

Name _____ Nickname for name tag _____

Address _____

City _____ State _____ Zip Code _____

Gender: ☐ Male ☐ Female Age _____ ☐ Single ☐ Married

Preferred Phone _____ Phone Type: ☐ Mobile ☐ Home

Email _____

If married, is your spouse attending a walk? ☐ Yes ☐ No ☐ Past Attendee

Name of your church _____ Pastor _____

Church Address _____

Denomination _____ Hobbies and Interests _____

What religious and/or community organizations are you involved with?

Occupation? _____

Please let us know if you have a special dietary need such as Gluten, Diabetic, Vegetarian.

Special Meal Request, if any

_____ Required Medication(s)

_____ Physical Limitations

_____ Do you use a CPAP

or other medical device that requires an electrical outlet? ☐ Yes ☐ No Has the Walk to Emmaus weekend

been explained to you by your Sponsor? ☐ Yes ☐ No Briefly tell us why you would like to be involved in the Walk to Emmaus and what you expect from it.

Weekend Preference you want to attend - Walk # _____ and/or date _____

(Dates are on Aldersgate website aldersgateemmaus.org)

Sponsor's Name _____ Sponsor's Phone _____

Emergency Contact _____ Phone _____

Pilgrim Signature _____ Date _____

Sponsor Signature _____ Date _____

Note: For each application submitted, please enclose a non-refundable, pre-registration deposit of \$100. Each deposit is applied toward your contribution of \$200 which offsets the expense of the weekend. **Please make checks payable to Aldersgate Emmaus, Inc.**

For Emmaus Use Only

Date _____

Check # _____

Amount \$ _____

Please note that by submitting this application, you are granting permission to use your contact information and photograph in Aldersgate Emmaus publications and website.

09/18/2025