

North Mississippi Walk to Emmaus

Request For Pilgrim Reservation

TO BE FILLED OUT BY CANDIDATE: (PLEASE FILL OUT COMPLETELY)

Please Print Legibly

Candidate's Name _____ Address _____

City _____ State _____ Zip _____ Telephone: _____

Gender: male / female (circle one) Name Desired on Name Tag: _____

Married _____ Single _____ Divorced _____ Widowed _____ Separated _____

Spouse's Name: _____ Has your spouse attended an Emmaus Walk? _____

If so what number _____ and Place _____ Has your spouse applied for a reservation

to attend a North Mississippi Walk to Emmaus? _____ If so, when _____

Your Age: _____ No. of Children: _____ Birth date: _____

*Name and Denomination of Church Now Attending: _____

*Pastor's Signature: _____ *Activities In Church: Sunday School, Choir,

Committees, Orchestra, Leadership, Teacher, OTHER: _____

What is your present occupation? _____

What company do you work for? _____ Business Phone (____) _____

Highest Level of Education: (circle one) GED High School College Advance Degree

In what religious and community organizations are you active? _____

Has the Walk to Emmaus been explained to you? _____ Has the follow-up program of

Emmaus groups and the post-Emmaus meeting been explained to you? _____

Are you on a special diet? _____ If so, what? _____

Are you on any medication? _____ Do you have a health problem or physical handicap

that may affect your attendance at the Walk to Emmaus? _____ If yes, Please specify:

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

Sponsor's Name: _____ Address: _____

City _____ State _____ Zip _____ H-Phone (____) _____

Cell Phone (____) _____ E-mail: _____ @ _____

All of the above information is necessary for your proper placement in a Walk to Emmaus. Please fill in all blanks. Enclose a pre-registration deposit of \$50.00. This will be applied to toward your contribution of \$125.00 which partially offsets the expenses of your weekend. This deposit is not refundable. Make your check payable to North Mississippi Emmaus Community. Return this completed form and your deposit check to your sponsor.

SIGNATURE: _____ DATE: _____