

# NORTH MISSISSIPPI WALK TO EMMAUS

## REQUEST OF RESERVATIONS

### TO BE COMPLETED BY CANDIDATE:

Candidate Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Name Wished on Name Tag \_\_\_\_\_

Name and Denomination of Church Now Attending \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Your age \_\_\_\_\_ No. of Children \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_

What is your present occupation? \_\_\_\_\_

What company do you work for? \_\_\_\_\_ Business phone \_\_\_\_\_

How many years of formal education have you had? \_\_\_\_\_

In what religious or 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 special medication? \_\_\_\_\_ Do you have a health problem or physical handicap that may affect your attendance at a *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 \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_

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 \$25.00. This will be applied toward your contribution of \$100.00 which partially offsets the expenses of your weekend. This deposit is not refundable. Make check payable to North Mississippi Emmaus Community. **Return this completed form and your deposit check to your sponsor.**