North Mississippi Walk to Emmaus Request of Reservations

TO BE FILLED OUT BY CANDIDATE:

Please Print Legibly					
Candidate's NameAddress					
CityS	StateZip _	e Zip Telephone:			
Gender: male / female	ender: male / female (circle one) Name Desired on Name Tag:				
Married Single	Divorced	_ Widowed _	Separ	ated	
Spouse's Name:	Has your sp	oouse attended	d an Emmaus	Walk?	
If so what number	and Place	Has your s	pouse applied	for a reservation	
to attend a North Mississi	ippi Walk to Emmaus	s?	If so, who	en	
Name and Denomination of	Church Now Atten	ding:			
Pastor's Name:	You	r Age:	_ No. of Chil	dren:	
What is your present occu	pation?				
Vhat company do you work for?Business Phone ()					
Highest Level of Education	n: (circle one) GED	High School	College	Advance Degree	
In what religious and comr	nunity organizations	are you active	e?		
Has the Walk to Emmaus k Emmaus groups and the po Are you on a special diet?	st-Emmaus meeting	been explaine	d to you?		
Are you on any medication	? Do y	ou have a heal	th problem or	 physical handicap	
that may affect your atte	ndance at the Walk	to Emmaus? _	lf yes	s, Please specify:	
State briefly why you wish		ne Emmaus Cor	nmunity and v	what you expect	
Sponsor's Name:		Address:			
City Cell Phone ()	E-mail:	@)		
All of the above information is necestary a pre-registration deposit of \$25.00 the expenses of your weekend. The Community. Return this completed	00. This will be applied to is deposit is not refundable	toward your contri e. Make your chec	bution of \$100.00 k payable to Nort	which partially offsets	
SIGNATURE:	DATE:				