



Pilgrim's Reservation Request

Men's Walk Women's Walk

[Please Type or Print legibly]

First Name _____ Last Name _____ Age _____ Birth Date _____
as preferred on nametag

Address _____
street city ST zip

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Email Address _____

Spouse Name _____ Spouse Walk # _____

Church Name _____ Denomination _____

Church Address _____ Pastor's Name _____

Has the Walk been explained to you, as well as post-Walk opportunities? YES NO

Dietary Concerns _____
(special diet, vegetarian, allergies, etc)

Medicine / Medical Concerns _____
(Please list medications, allergies, conditions, sleep apnea, hearing or vision concerns, etc)

Mobility Concerns _____
(Please list areas of concern..., ie. trouble with stairs, difficulty walking, etc)

What do you expect from the weekend? _____

Emergency Contact Name _____ Phone _____

Signature

Date

Note: A \$25.00 non-refundable deposit MUST accompany this application. The balance will be due at registration. Make checks payable to: *Fox Valley Walk to Emmaus*. This is an application only. Space is limited. Deadline for receipt of your application is one month prior to the Men's Walk. Notification of your acceptance for the weekend will be made by mail several weeks before your Walk to Emmaus weekend. All parts of this application must be completed. After you have completed this application, **please return it to your sponsor.**

All information is confidential and only used to assist us in planning your weekend.