



Pilgrim's Reservation Request

Men's Walk

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Women's Walk

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[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 medicztions, allergies, conditions, sleep apnea, hearing or vision concerns, etc)

Mobility Concerns

(Please list areas of concern...,ie. Trouble with stairs, difficulty walking, etc)

Are you able or willing to sleep in an upper bunk? (Yes/No) _____

What do you expect From the weekend? _____

Emergency Contact Name _____ Phone _____

Signature

Date

Note: A \$25.00 non-refundable deposit **MUST** accompany this application. Make checks payable to: *Fox Valley Walk to Emmaus*. This is an application **only** and space is limited. Deadline for receipt of your application and full payment is one month prior to the Men's Walk. Notification of your acceptance will be made 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.

Print Completed Form