## SUPERIORLAND EMMAUS COMMUNITY

## Fall 2023 EMMAUS WALK RESERVATION REQUEST

## Applicant's Personal Information: (Please provide all requested information)

Name (first name, as preferred on name tag)			e tag)	
Street	City			
Phone (home):(work):	(cell):		Email:	
Gender (circle one): Male Female Marital Status	s: Single Married	Widowed	Divorced Separated	
If married, has your spouse completed a "Walk"? W	here and When?			
Do you have children ? If so, how many Age	S			
Occupation :	Employer:			
Church you are now attending				
Name D	enomination	Pa	stor	
Address of church:				
Religious or community organizations in which you are a	ctive:			
Do you have a health condition or physical handicap that	may affect your attenda	nce at an Em	maus Walk?	
Are you on a special diet or required medication:	If yes to either, please s	specify		
Contact person in case of emergency (other than spouse) Name, address, phone:				
Name of your sponsor:				
Have the following been explained to you? The Walk To	o Emmaus: The	activities of	the Emmaus Community	
through Emmaus groups and Post-Emmaus meetings?				
Christ (Cursilo, Via de Christo, de Colores, etc.):				
Community and what you expect to get from your Emma	us experience?			
Please accept this reservation for the Emmaus week-end a for the Emmaus weekend is <b>\$75.00</b> , and my pre-registrati understand that the pre-registration deposit is not refundal week-end registration on Thursday evening.	on deposit of <b>\$25.00</b> is a	enclosed. If r	ny reservation is accepted, I	
Dated: Applicant's Signature				

Please give this completed reservation request and your deposit to your sponsor.

Make checks payable to: Superiorland Emmaus Community. (Please do not send cash.)