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)					
Street		City		State Zip	
Phone (home):	(work):	(cell):		_ Email:	
Gender (circle one): Ma	le Female Marital	Status: Single Marrie	ed Widowed	Divorced	Separated
If married, has your spou	se completed a "Walk"? _	Where and When?			
Do you have children ?	If so, how many	_ Ages			
Occupation :		Employer:			
Church you are now atter	nding				
Name		Denomination	Pa	astor	
Address of church:					
	organizations in which you				
Do you have a health con	dition or physical handica	that may affect your atte	endance at an En	nmaus Walk?	
Are you on a special diet	or required medication:	If yes to either, plea	ase specify		
Have the following been	explained to you? The W	alk To Emmaus:	The activities of	f the Emmaus	Community
through Emmaus groups	and Post-Emmaus meeting	s? Have you part	cicipated in a sin	nilar 3-day end	counter with
Christ (Cursilo, Via de C	hristo, de Colores, etc.): _	State briefly why yo	ou wish to be inv	volved in the I	Emmaus
Community and what you	a expect to get from your E	Emmaus experience?			
•	tion for the Emmaus week		_		
	egistration deposit is not re	_		-	_
week-end registration on		randuoie, und that the bate	01 \$50.00 €	an oc para no	,, or during the
Dated: A	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.)