



STILL WATERS EMMAUS COMMUNITY

Candidate Reservation Request for a Walk to Emmaus

Name: _____ Sponsor Name: _____ Age: _____

Preferred name on nametag: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Spouse's Name: _____ Spouse been on Walk to Emmaus: Y__ N__ Walk #: _____

No. of children: _____ Names & Ages: _____

Church you currently attend: _____ Denomination: _____

Pastor's Name: _____ Pastor been on Walk to Emmaus: Y__ N__

List religious / community activities in which you are currently involved: _____

Briefly explain why you wish to participate in a Walk to Emmaus and what you expect from it: _____

Do you have any health or physical conditions that may affect your walk? _____

Do you require medications or a special diet? Please explain: _____

*** PLEASE NOTIFY YOUR SPONSOR IF ANY OF THE ABOVE CHANGES BEFORE YOU ATTEND ***

If necessary, can you sleep on a top bunk? Y__ N__ Sponsor explained the Walk to Emmaus to you? Y__ N__

Your Employer: _____ Spouse's Employer: _____

Signature: _____ Date: _____

Please answer all applicable questions fully to ensure your most beneficial placement in the Walk to Emmaus. If completing this form by hand, please PRINT legibly and use additional paper if necessary.

***** OFFICE USE ONLY BELOW THIS LINE *****

Walk Offer: _____ Date: _____ Response: Y__ N__ Date received: _____

- 1. _____
2. _____
3. _____