

Request for Reservation

TO BE COMPLETED BY THE APPLICANT:

Requested Walk Date:/	Male	Female
Name:	Home Phone: ()
Address:		
City/State/Zip:		
E-mail address:		
Date of Birth:/ Name for Name Badge:		
Clergy?NoYes Music Training?	No	Yes
Occupation:		
Your Church/City:		
Minister's name		
List any health problems or physical handicaps:		
Do you require a special diet and the reasons for these free)?	`	food allergies, diabetic, gluten
Please let us know about any other diet (food) situation	ns you have and s	
will call you to discuss it.		
Emergency Contact:		
Commit this weekend to Emmaus. If, for any reason, you find that a replacement can be obtained from our waiting list.		
This application and an application fee of \$100 should be given fee is refundable if the applicant cannot attend the Walk, given p	· 1	will forward them to the registrar. This
Please note that no cameras or cell phones are allowed on the Wa	alk.	
TO BE COMPLETED I	BY THE SPONS	OR:
Name:	E-mail:	: ()
Address:	_ Home Phone	: ()
City/State/Zip:	_ Cell Phone:	()
Check here if new address, e-mail or phone number.		

Please see Sponsor Responsibilities

The sponsor must enclose an additional \$60 sponsor's fee and mail the completed application to:

Registrar **United Emmaus Community** P.O. Box 4543 CRS Johnson City, TN 37602-4543