**RETURN THIS FORM TO YOUR SPONSOR**

**SunCoast Walk to Emmaus**

**Request for Pilgrim Reservation**

**RESERVATION MUST BE RETURNED TO YOUR SPONSOR  
NO LATER THAN 30 DAYS BEFORE WALK BEGINS.**

To be filled out by the applicant and returned to the sponsor.

**PLEASE PRINT CLEARLY**

|  |  |  |
| --- | --- | --- |
| Name: |  | Male  Female |

|  |  |
| --- | --- |
| Name as you would like it to appear on your nametag: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Cell Phone: |  |

|  |  |
| --- | --- |
| Email Address: |  |

|  |  |
| --- | --- |
| Local Mailing Address: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| City: |  | ST: |  | Zip: |  | Date of Birth: | / / |

|  |  |
| --- | --- |
| Church now attending & denomination: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Church Address: |  | City: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Church Phone: |  | Pastor’s Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Spouse’s Name: |  | Marital Status: | S  M  D  W |

|  |  |
| --- | --- |
| Present Occupation: |  |

|  |  |
| --- | --- |
| In what church or community organizations are you active? |  |

|  |
| --- |
|  |

Has the Walk to Emmaus been fully explained to you, including the post-walk meeting and reunion groups?

Yes  No *Learn more about the Walk to Emmaus on our local website at www.suncoastemmaus.com or the international website at http://emmaus.upperroom.org/.*

|  |  |
| --- | --- |
| State briefly why you wish to be involved in the Emmaus Community and what you expect from it: |  |

|  |
| --- |
|  |

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**Please tell us about yourself so that we may make your experience as comfortable as possible.**

|  |  |  |  |
| --- | --- | --- | --- |
| Are you on a special diet? | Yes  No | Details: |  |

|  |
| --- |
| Dairy-free  Gluten-free  Diabetic  Celiac  Vegetarian  Vegan  Atkins |

|  |  |  |  |
| --- | --- | --- | --- |
| Food Allergies? | Yes  No | What food(s)? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you on special medication? | Yes  No | Does it require refrigeration? | Yes  No |

|  |  |
| --- | --- |
| Does your medication(s) need to be taken at specific times? | Yes  No |

*If yes, please provide your sponsor or bring with you, a detailed list of medications, dosage and timing.*

Desired sleeping arrangements:  Lower Bunk  Upper Bunk  Either

Do you sleep with a CPAP machine?  Yes  No Do you require oxygen?  Yes  No

Do you wear hearing aids?  Yes  No Do you require a sign language translator?  Yes  No

Do you require the aid of a service animal?  Yes  No Do you use a wheelchair/walker?  Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| #1 Emergency Contact Person: |  | Relationship: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Cell Phone: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| #2 Emergency Contact Person: |  | Relationship: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Cell Phone: |  |

|  |  |
| --- | --- |
| Name of person(s) sponsoring you: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Signature |  | Date: |  |

All of the above information is necessary for your proper placement on the Walk to Emmaus. Please complete **ALL** requested information.

**Registration fee is $225.00 per person. Please enclose a non-refundable deposit of $125.** The balance of $100 is due and payable 10 days prior to the walk’s date (Thurs. evening). Please make all checks payable to **Suncoast Emmaus.**

Please indicate who will pay the balance of the registration fee:

Pilgrim  Sponsor  Church  Other:



[www.SunCoastEmmaus.com](http://www.SunCoastEmmaus.com)

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