



Walk to
Emmaus
THE UPPER ROOM

The United Emmaus Community, Inc. Request for Reservation

TO BE COMPLETED BY THE APPLICANT:

Requested Walk Date: ___/___/___ Male Female

Name: _____ Home Phone: () ___-___

Address: _____ Cell Phone: () ___-___

City/State/Zip: _____

E-mail address: _____

Date of Birth: ___/___/___ Name for Name Badge: _____

Clergy? No Yes Music Training? No Yes

Occupation: _____

Your Church/City: _____

Minister's name: _____

Do you require a special diet for the weekend? No Yes (please explain):

List any health problems or physical handicaps: _____

Emergency Contact: _____

Commit this weekend to Emmaus. If, for any reason, you find that you cannot attend, notify your sponsor immediately so that a replacement can be obtained from our waiting list.

This application and an application fee of \$100 should be given to your sponsor who will forward them to the registrar. This fee is refundable if the applicant cannot attend the Walk given proper notice.

Please note that no cameras or cell phones are allowed on the Walk.

TO BE COMPLETED BY THE SPONSOR:

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