



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