



**Request for Reservation
Central Mississippi Walk to Emmaus**

To Be Completed by Candidate

Candidates

Name: _____ Address: _____

City, State, Zip Code: _____ E-Mail: _____

Name Wished on Name Tag: _____

Name & Denomination of Church now Attending: _____

Pastor's Name: _____ Date of Birth: _____ No. of Children: _____

Married ___ Single ___ Divorced ___ Widowed ___ Separated ___ Male ___ Female ___

If Married - Has spouse been on Walk to Emmaus Y ___ N ___ Applied for Walk Y ___ N ___

What is Your Present Occupation: _____

What Company do you work for: _____ Business Phone: _____

How many years of formal education have you had: _____

In what religious or community organizations are you active: _____

Has the Walk to Emmaus been explained to you: _____

Has the follow-up program of Emmaus groups and the post Emmaus meeting been explained to you: _____

Are you on a special diet: _____ If so, what: _____

Do you have a health problem or physical handicap that may affect your attendance at a Walk to Emmaus? _____

If yes, please specify: _____

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

Candidate Signature: _____ Candidate Telephone () _____

Sponsor's Name: _____ Address: _____

City, State, Zip Code: _____ Sponsor's Telephone () _____

Please mail completed form to:

**Sandra Reid
130 Hunt Circle
Madison, MS 39110
emmauspilgrim@gmail.com**

All of the above information is necessary for your proper placement in a Walk to Emmaus. Please fill in the blanks. Enclose a pre-registration deposit of \$25.00. This will be applied toward your contribution of \$125.00 which partially offsets the expenses of your weekend. This deposit is non-refundable. Make check payable to: **Central Mississippi Emmaus Community**

Revised 1/31/10