

**Illinois Heartland Emmaus Community
Upper Room Walk to Emmaus
Request for Reservation**

TO BE COMPLETED BY APPLICANT:

SPONSOR NAME: _____

SPONSOR PHONE NUMBER: _____

Applicant full name: _____ **Date:** _____

Name you would like on your name tag: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Best number to contact you: _(_____)_____

Email: _____

Age (circle one):

18-25 26-35 36-45 46-55 56-65 66-75 Over 75

Marital status: single ____ married ____ divorced ____ widowed ____

If married, please share spouses name: _____

Name/denomination of the church your are now attending:

Church address: _____

Pastor's name: _____

Do you attend regularly? Yes ____ No ____

Occupation/place of employment: _____

Has the Walk to Emmaus been explained to you by your sponsor? Yes ____ No ____

Do you have any medical or physical conditions that may need addressed during your attendance at the Walk to Emmaus weekend? If so, please let us know:

Do you need electrical outlets for oxygen or sleep apnea equipment in your room?

Yes ____ No ____ Can you sleep on a top bunk? Yes ____ No ____

Do stair steps cause you any difficulty? Yes ____ No ____

Are you on any special medications? Yes ____ No ____

If YES, do they need to be given on a set schedule OR to be refrigerated?

Yes ____ No ____

Do you have any food allergies or require a special diet? If so, please explain in detail so we can assist:

The weekend meals are prepared on site by volunteers from the Emmaus Community. The snacks provided are both homemade and store bought.

State briefly why you wish to attend a Walk to Emmaus and become involved in the Emmaus Community:

Applicant signature: _____ Date: _____

The above information is necessary for us to best meet your needs on the Walk to Emmaus weekend. **Please fill in all the blanks.** The full cost of the weekend is \$125. Please enclose a pre-registration deposit of \$25. The balance may be paid any time up to the start of the weekend. Please let your sponsor know if you need scholarship assistance.

Please provide your family with your sponsor's phone number. It will be your emergency contact number on the weekend.

Please mail your application to:

Illinois Heartland Emmaus Registrar,
PO Box 364,
Washington, IL 61571