

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

**Deposit:** \_\_\_\_\_

**Balance:** \_\_\_\_\_

**To be completed by Applicant:**

**Today's Date:** \_\_\_\_\_

**SPONSOR NAME:** \_\_\_\_\_

**SPONSOR PHONE NUMBER:** \_\_\_\_\_

(Print clearly)

**Applicant full name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Circle one: Male    Female

The name you would like on your nametag: \_\_\_\_\_

**Your address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best phone number to reach you at: \_\_\_\_\_ cell—home—work (circle one)

**Email:** \_\_\_\_\_

**Marital status:** single \_\_\_\_\_ married \_\_\_\_\_ divorced \_\_\_\_\_ separated \_\_\_\_\_ widowed \_\_\_\_\_

Spouse's name: \_\_\_\_\_

**Emergency contact:**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Name of the church you are now attending:** \_\_\_\_\_

**Church Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Pastor's Name:** \_\_\_\_\_

**Your Occupation/Place of Employment:** \_\_\_\_\_ or Retired    Unemployed

Has the Walk to Emmaus been explained to you? Yes \_\_\_\_\_ No \_\_\_\_\_

**Medical Needs:**

Do you have any medical or physical conditions that may need addressed during your attendance at the Walk to Emmaus? If so, what are they?

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Do you need any physical assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Do you need an electrical outlet by your bed?** I.e. CPAP machine Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you need medications on a timely basis outside of morning/bedtime:** Yes \_\_\_\_\_ No \_\_\_\_\_ (we will assist in letting you know the times for meds.)

**Do your medications need refrigeration?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you have any allergies?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is/are they? \_\_\_\_\_

Can you sleep on a top bunk? Yes \_\_\_\_\_ No \_\_\_\_\_

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.**

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**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The above information is necessary for us to best meet your needs on the Walk to Emmaus weekend. Please fill all the blanks. The full cost of the weekend is **\$140**. 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.

**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**

**Updated May, 2023**