

# Tampa Bay Area Emmaus

Tampa Bay Area Emmaus. P.O. BOX 129, Valrico, FL. 33595-0129

## REQUEST FOR RESERVATION

(To be filled out by applicant and returned to sponsor. PLEASE PRINT)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name wished on name tag: \_\_\_\_\_ Your birth date \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone( ) \_\_\_\_\_

Church now attending \_\_\_\_\_

Pastor's name \_\_\_\_\_ Your E-mail Address \_\_\_\_\_

Spouse's name \_\_\_\_\_ Number of children \_\_\_\_\_ Marital status: M S D W Sep

What is your present occupation? \_\_\_\_\_

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 meetings been explained to you? \_\_\_\_\_

Are you on a special diet? \_\_\_\_\_ If so, explain \_\_\_\_\_

Are you on special medication? \_\_\_\_\_ If so, explain \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name of Sponsor \_\_\_\_\_

All the above information is necessary for your proper placement in a Walk to Emmaus. Please fill in all blanks.

**Registration fee = \$125.00. Please enclose a pre-registration, non-refundable deposit of \$50.00. The balance of \$75.00 is due and payable 10 days prior to check-in at Send-Off on Thursday evening. Make checks payable to Tampa Bay Area Emmaus and send to the above P.O. Box.**

**Please indicate here who will pay the balance of registration fee:**

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