Western New York Walk to Emmaus **Reservation Request**

Note to Sponsor: Please indicate which Emmaus Weekend your candidate wishes to attend. Please PRINT legibly.

Men's Walk # _____ Women's Walk # _____ Reunion Date _____

Candidate: Please complete each item on the form, printing legibly. A $75 deposit (non-refundable and not covered by scholarship) is due with the form; $200 is due Thursday night of the Walk.

First and Last Name _____
Name for Name Tag (if different from first name) _____
Address_____
_____
_____
Phone (home)_____ (cell)_____
Email _____
Your Age _____

Name of Church You are Attending_____
Pastor's Name_____
Address _____
_____
Church Activities _____
_____

Do you have relatives/friends going on this Walk Yes or No (Circle One)
Names _____
_____

Your Best Friend's Name _____ (Not a spouse or candidate on the Walk)
Address _____
_____
Phone Number _____
Email Address _____

Nearest Non-Spouse Relative's Name _____
Address _____
_____
Phone Number _____
Email Address _____

What are your hopes and expectations for the Walk to Emmaus?
_____
_____

Has the Emmaus follow-up program been explained to you? Yes or No (Circle one)

If you are married, please provide the following information:
Spouse's Name_____ Is your spouse making a Walk to Emmaus Yes or No
Note: if No, a completed "Non-participating Spouse" form must be attached to this reservation.

Candidate's Signature _____ Date _____

Medical Information in Case of Emergency

Medications Taken _____
_____
Special dietary needs _____
_____
Allergies _____
_____
Do you have a health problem or physical limitation that may require accommodation during your attendance at Emmaus? (I.e. Mobility issue) Yes or No
Please specify _____
Do you use a CPAP Machine? Yes or No (Circle One)
Smoking or Non-Smoking (Circle one)

Medical Insurance Provider _____
Medical Insurance Policy # _____
Principal insured on Policy _____

In case of emergency, you can call _____
Relationship to participant _____ Phone _____

Registrar's Use ONLY
Date Rec'd _____ Amount Paid $_____ Date Down Payment Received_____
Request Scholarship _____ Amount $_____ Cash or Check # _____ Check Signature _____
Balance Paid $_____ Date Balance Paid _____ Cash or Check # _____

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SPONSOR INFORMATION (to be completed by Sponsor) **Please PRINT legibly.**

Sponsor Name _____Spouse's Name (if married) _____
Address _____
Day Phone _____ Evening Phone _____ Cell Phone _____
Email _____ Your Church _____
Pastor's Name _____ Pastor's Phone _____
What was your Walk? Emmaus #_____ Cursillo # _____Koinonia # _____ Chrysalis Flight # _____
Date/Location? _____

Are you active in your FOURTH DAY/Next Steps? Yes or No (circle one)
Which monthly gathering do you normally attend? _____
Have you attended a Sponsorship Workshop? Yes or No (Circle one)
Has your spouse made a Walk to Emmaus? Yes or No (circle one)
Do you read the Rainbow Connection newsletter? Yes or No (circle one)
How long have you known your candidate? _____Please describe why you feel your candidate would enjoy (and then pass on to others) God's blessing after making this Walk to Emmaus.

_____
_____
_____
_____
_____

If there are any special considerations or sensitivities that you feel might affect your candidate during the Emmaus weekend, please explain. If none, please write none.

_____
_____
_____

Special Instructions to the Sponsor: If your candidate responded NO to any questions about receiving information on 4th Day activities or (if applicable) the Couple's Guideline, the Registrar cannot accept the Reservation Request and will return it to you. **If the candidate is married and the spouse is not making a Walk, you will need to complete additional information confirming that both husband and wife understand the Walk to Emmaus Couples Guideline**. Please be aware that this form does not guarantee a place on the desired Weekend (e.g. Weekend is full, form received after deadline, information is missing, etc.) Please return this form, along with your candidate's NON-refundable $75 deposit (make check payable to WNY Walk to Emmaus) to Holly Roush 12016 Fletcher Chapel Road Medina, NY 14103. Questions contact Holly at 585-297-4304 or by email roushhe@yahoo.com. Attach additional sheets with more information as needed.

Sponsor Signature _____ Date _____
Sponsor Mentor Signature _____ Date _____
****SPONSOR – Please be sure ALL questions are answered LEGIBLY on this form. Thanks! ****