

Walk Offer #	Date	Response yes/no	Fee paid?	Date Received by Registrar
1				
2				
3				

**Chattanooga/LaFayette Emmaus Community
Candidate Reservation Request for a Walk to Emmaus**

Name _____ Name Preferred on Name Tag _____

Address _____ **BEST** Phone # (_____) _____

City _____ State ____ Zip _____ 2nd Phone # (_____) _____

E-mail address _____ Date of Birth _____

Name and Denomination of church now attending _____

Has spouse been on the Walk to Emmaus? **Y N** If **Yes** where: _____ What Walk # _____

Spouse's name _____

Children's Names & Ages _____

Pastor's Name _____ Has he/she been on the Walk to Emmaus? **Y N UNSURE**

Please list religious/community activities in which you are actively involved: _____

Has the Walk to Emmaus been explained to you? **Y N**

Has your sponsor explained follow-up, reunion group involvement, and the Emmaus Community? **Y N**

Briefly explain why you wish to participate in a Walk to Emmaus and what you expect from it:

Do you have any health or physical conditions that require special attention? **Y N** If yes, please explain.

Do you require a special diet? **Y N** If yes, please specify your needs in a detailed way on the back of this form,

and check the box/es that apply: ___ Gluten free ___ Diabetic ___ Dairy free ___ Vegetarian ___ Allergies

Do you require any medications? **Y N** If yes, please explain. _____

Your employer _____ Spouse's employer _____

Signature _____

- All applicable questions should be answered fully for your proper placement in a Walk to Emmaus. Please print legibly.*
- Return completed application to your sponsor, who will then complete their form and send them to the registrar with a non-refundable application fee.*