

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 \_\_\_\_\_ 2<sup>nd</sup> 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 \_\_\_\_\_ Spouse or Emergency Contact Cell # \_\_\_\_\_

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** **Sponsor's Name** \_\_\_\_\_

**Sponsor's Phone #** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Sponsor's email** \_\_\_\_\_

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. \_\_\_\_\_

\_\_\_\_\_

**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.