

IOWA UPPER ROOM WALK TO EMMAUS

Request for Reservation

TO BE COMPLETED BY THE CANDIDATE

Name () Phone

Address () Work Phone

City State Zip Age Email Address

Single Married Widowed Divorced Separated Male Female

Number of Children _____ Name you wish to go by _____

Present Occupation _____ Employer _____

Name of church you are now attending _____

Denomination of church _____

Pastor's Name _____

What religious or community activities are you active in? _____

Emergency Contact _____ Relationship _____ Phone _____

Has the Walk to Emmaus been explained to you? YES NO

Has the follow-up program been explained to you? YES NO

Are you on any medication? Yes No Describe: _____

Are you on a special diet? Yes No Describe: _____

Do you have any health problems or physical handicaps that may affect your attendance at a Walk to Emmaus?

Briefly state why you wish to attend and what you expect from your weekend

Signature

Date

All the information requested is necessary for a reservation to a Walk to Emmaus. Please complete all the information. Enclose a pre-registration deposit of \$15.00. This will be applied to your contribution of \$55.00, which partially offsets the experience of your weekend. The deposit is not refundable. Please contact your sponsor for scholarships that are available or for other questions you may have. Make your check payable to Iowa Walk to Emmaus Community and mail to LaVerne & Joan Lingren 312-220th, Ogden, Iowa 50212.

TO BE COMPLETED BY THE SPONSOR

Name () Phone

Address () Work Phone

City State Zip Age Email Address

Name and denomination of church you now attend _____

Do you attend regularly? YES NO

Where and when did you make your walk or cursillo? _____

Do you attend a reunion group? YES NO

Do you attend a community gathering? YES NO

Why do you feel this person would be a good candidate? _____

How long have you known the candidate? _____ How many candidates have you sponsored in the last year? _____

Are you Praying and sacrificing for your candidate? YES NO

Does the candidate have the physical and mental health for the weekend? YES NO

Is the candidate under any strain that might indicate that his/her weekend should be postponed? YES NO

If the candidate is married, have you discussed the Walk with their spouse? YES NO

- Spouse will be attending this set of weekends _____
- Spouse has already attended _____
- Discussed the weekend with the spouse and they do not wish to attend but are supportive of the candidates choice to attend _____
- Discussed the weekend with the spouse and they are unable to attend at this time but will attend in the near future. (Please prayerfully consider waiting until both can attend the same weekends) _____
- I have not discussed the weekend with the spouse and do not feel comfortable doing so. I would like some assistance from a Emmaus Board or Community member _____

Are there any other circumstances that you feel should be made known? YES NO

Will you bring the candidate to the Emmaus site? YES NO

Will you attend the sponsor's hour? YES NO The candlelight? YES NO

Will you care for the needs of you candidate's spouse over the weekend? YES NO

Have you explained the reunion groups? YES NO The community gatherings? YES NO

Do you receive the Iowa Walk to Emmaus newsletter? YES NO

If you wish to receive the newsletter, which method of delivery is preferred? E Mail Postal Mail