



Request for Reservation - Candidate

To be completed by the Candidate

Candidate's Name _____ Primary Phone _____
 Address _____ Other Phone _____
 City, State, Zip _____ Email _____
 Birthday _____ Name You Wish To Go By _____
 Emmaus Face to Face Event Date _____ Male Female
 Single Married; Spouse's Name _____ Widowed Divorced Separated # of Children _____
 Occupation _____ Employer _____
 Name of Church you attend _____
 Denomination _____ Pastor's Name _____

What religious or community activities are you active in?

Has Walk to Emmaus been explained to you? Yes No Have follow-up programs been explained? Yes No
 Briefly state why you wish to attend and what you expect from your weekend:

Emergency Contact (Other than Sponsor) _____
 Relationship _____ Phone _____

Are you on any medication Yes No If Yes, please describe:

Do you have special diet requests/requirements? Yes No
 If yes: Gluten Free Lactose Intolerant Vegetarian Vegan If not listed or you want to provide more info:

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

Signature _____ Date _____

All information requested is necessary for a reservation to Iowa Walk to Emmaus. Please complete all information requested and enclose a check for your registration fee in the amount of \$80.00 for Emmaus and \$50 for Face to Face, which partially offsets the expenses of your weekend. Make online payments at www.iowawalktoemmaus.org/donate-pay.

Please contact me about financial scholarship information

Make checks payable to: Iowa Walk to Emmaus
Return to your sponsor or mail to: Sarah Strohmman, 1503 Union Street
 Emmetsburg, IA 50536
Or scan and email to: smstrohs@yahoo.com

Thank you!
We look forward to having you
on an upcoming Walk to Emmaus!