

**WALK TO EMMAUS**  
**SIGNAL MOUNTAIN EMMAUS COMMUNITY**  
**REQUEST FOR RESERVATIONS**

Office Use Only  
Walk # \_\_\_\_\_  
Amount Pd \$ \_\_\_\_\_  
Cash \_\_\_\_\_ Check No. \_\_\_\_\_  
Package mailed \_\_\_\_\_

Mail Completed Application & Check To:  
Joyce Willis  
Post Office Box 2997  
Big Spring, TX 79721  
432/ 263-5222 (Home)

**TO BE FILLED OUT BY CANDIDATE:** Please **PRINT** and fill in **ALL** blanks  
Walk Weekend \_\_\_\_\_ **Please complete.** Walks are filled on a first-come basis. If you need a listing of upcoming  
Walks to prayerfully plan your schedule, **PLEASE** contact your Sponsor or Registrar.

Name \_\_\_\_\_ **Circle One:** Male Female

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home No. ( ) \_\_\_\_\_ Work No. ( ) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_

Birthdate \_\_\_\_\_ Name on Tag (nickname) \_\_\_\_\_

Church now Attending \_\_\_\_\_  
Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ No. of Children \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address(optional) \_\_\_\_\_

Spouse \_\_\_\_\_ Emergency Contact (other than spouse) : \_\_\_\_\_  
Phone No.( ) \_\_\_\_\_

Has the **WALK TO EMMAUS**, including Post-Emmaus been explained to you? Yes or No  
State briefly why you wish to be involved in the Emmaus Community and what you expect from it

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**HEALTH PORTION**

**In the event of an emergency, and if my spouse or emergency contact cannot be reached by telephone, the Emmaus staff has my permission to gain the services of licensed medical professionals to provide the care deemed necessary, including anesthesia, for my well being. (Yes)\_\_\_\_\_ (No)\_\_\_\_\_ (if no, state further information) \_\_\_\_\_.**

Are you a Smoker? \_\_\_\_\_ or Non-Smoker? \_\_\_\_\_

Do you have any special Dietary Needs?

Do you have any medicine/Medical concerns/allergies, etc?

Do you have any handicap/mobility concerns?

Will climbing stairs be a problem?

Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Application and Health Portion)

Pastor's Signature \_\_\_\_\_ Print Pastor's Name \_\_\_\_\_

Sponsor's Name (Print) \_\_\_\_\_

Sponsor's Address \_\_\_\_\_ City/State \_\_\_\_\_

Zipcode \_\_\_\_\_ Home No. ( ) \_\_\_\_\_ Work No/or Cellular No ( ) \_\_\_\_\_

**Application MUST be completely filled out and have YOUR SIGNATURE; PASTOR'S SIGNATURE and HEALTH PORTION must be filled out before processing. \$14 0.00 must accompany this application before processing. If you have any questions, please contact your sponsor for further information**

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