

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:
Lorinda Herrod
Post Office Box 2997
Big Spring, TX 79721
432/816-6107 (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

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. \$150.00 must accompany this application before processing. If you have any questions, please contact your sponsor for further information
