

Northeast New Mexico Community Walk to Emmaus

Request For Reservation

Office use only
Paid _____
Check No. _____

June 2009
Please discard previous forms

List the Walk Number and Date of the Walk
Men's Walk _____
Women's Walk _____
Could you attend on short notice (3-4 days) if there is a cancellation? Y _____ N _____

Applicant: Please Fill in All Blanks (Print or Type)

\$150.00

Name _____ Home Phone () _____

Address _____ City _____ State _____ Zip _____

Preferred Name: _____ Work Phone () _____

Age ____ Birthday (Day/Month) _____ Marital Status _____ Do you snore? _____

E-mail _____

Are you on a special diet? _____ If so, please describe: _____

If you are on special medication, have a health problem, or a physical handicap, which may affect your attendance at a Walk to Emmaus, please specify: _____

Spouse's Name _____ Work Phone () _____

E-mail _____

Has spouse attended a Walk? _____ Registered for a Walk? _____ Walk No. _____

A Relative: Name _____ Home Phone () _____

Address _____ E-mail _____

A Close Friend: Name _____ Home Phone () _____

Address _____ E-mail _____

Pastor's Name _____ Home Phone () _____

Church you are now attending: Name _____ Denomination _____

Address _____ Phone () _____

Please enclose a check, made payable to **NENM Emmaus Community**, for the full amount for the site that you prefer to attend. It will be deposited when received, but is refundable on written request. In the event that you must cancel, please notify the Emmaus Registrar (see back page) and your Sponsor immediately. *Please have your Pastor, or a Clergy representative, sign this form.* After you have completed the form, return it, together with your check, to your Sponsor. Your Sponsor will mail it to the Emmaus Registrar.

Applicant: The Walk to Emmaus has been explained to me, including the need to be present for the entire weekend, and post Walk follow-up, and I request that I be assigned to a Walk.	
Signature: _____	Date _____
Pastor or Clergy: I am familiar with the Walk to Emmaus, or have been informed of its intent and purpose, and believe that the person named as a candidate for a Walk in this Request for Reservation, should be accepted.	
Signature: _____	Date _____

Sponsor Information (to be filled out by the sponsor)

Name _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Pastor's Name _____ Home Phone () _____

Church you are now attending: Name _____ Denomination _____

Address _____ Phone () _____

When did you attend your Walk to Emmaus? _____ Walk No. _____

Are you now in a Group Reunion? _____ Name _____

Do you attend regularly? _____ Do you attend the Community Gatherings in your area? _____

Do you receive the Newsletter? _____ Have you completed Sponsor training ____ Date _____

How long have you known the applicant? _____ Why do you feel this person is a good candidate for a Walk to Emmaus? _____

If applicant is married, have you discussed Emmaus with spouse? _____ Have you arranged for transportation for the applicant to the site? _____ Can you care for the needs of your applicant's family over the weekend? _____ Are you aware of the importance of minimal contact with the applicant during the weekend, especially if the applicant is your spouse? _____ Have you told the applicant that phone calls are not allowed? _____

Sponsor: The purpose and intent of the Walk to Emmaus, and the guidelines for attending a Walk, are described in chapters 7 and 8 of the *Day Four Booklet*. I have attended sponsor training and understand the purpose and intent of the Walk to Emmaus and believe that the applicant in this Request for Reservation meets the guidelines as set forth there in. I also understand my responsibilities to this pilgrim before, during and after the Walk to Emmaus weekend.

Signature: _____ Date _____

Caution!!! Possible High Altitude Risk. Several of the Walk to Emmaus sites are located at higher than normal altitudes. The site at El Porvenir is an example of one of these. These sites could pose a health risk for applicants with respiratory, heart or other medical conditions affected by altitude. Be sure to check with your applicant about altitudes above normal and the effect that might have on their attendance. If necessary, schedule those with potential health risks, due to altitude, at one of the other sites.

Instructions for Submitting Application

Please carefully check this form and be sure that all information that is asked for is furnished. Please be sure to see that the Sponsor, Applicant, and the Applicant's Pastor have signed where requested on the form.

It is necessary that funds for the total amount of the registration fee accompany this form. Without payment, registration will not take place. **Checks should be made out to NENM Emmaus Community.** When the application is complete, attach payment (\$150.00) and send to:

Emmaus Registrar: LeAnn Smith
529 E 7th Street
Cimarron, NM 87714
Phone: (575) 376-2432
leankels@aol.com