

MINNESOTA WALK TO EMMAUS

Request for Reservation

Full Name: _____ Name for name tag _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
E-mail _____ Preferred Walk: Fall Winter
Date of Birth: _____ Gender: M F Spring Summer
Marital Status: S M Occupation: _____
Name of church now attending _____ Address _____
Pastor's Name _____ City, ST Zip _____
Has the Walk to Emmaus been explained to you, including Reunion Groups? Yes _____ No _____
What do you expect to gain from the Walk to Emmaus? _____

If you have health issues or physical handicaps that may affect your attendance at the Walk to Emmaus, please explain: _____

If you have a special diet, please describe your needs _____

Sponsor's Name _____ Home Phone: _____

I do not have a sponsor, please assign one to me. _____

Your Signature: _____ Date _____

- ◆ Return this completed form and a \$15 non-refundable application fee to your sponsor. Make check payable to Minnesota Walk to Emmaus.
- ◆ You will be notified approximately two months before a Walk or when your name has come to the top of the waiting list. At that time, the balance of \$120 for registration fee will be requested.

For more information about registration, contact: Beth Tomlinson, Registrar
MN Walk to Emmaus
2161 - 105th Lane NW
Coon Rapids, MN 55433
763-755-8366
bethtom_54@yahoo.com

Payment information:

This information will be kept confidential.

- I can pay the full cost (\$135) of the weekend (\$15 application fee + \$120 registration fee).
- I can pay the full cost (\$135) of the weekend (\$15 application fee + \$120 registration fee), but will need to make payment arrangements with the Treasurer.

For further questions, contact **Joan Phillips at (507) 289-3466.**