

MINNESOTA WALK TO EMMAUS

Request for Reservation

Full Name: _____ Name for name tag _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail _____ Preferred Walk: Fall Spring

Date of Birth: _____ Gender: M F Occupation _____

Marital Status: S M Spouse's Name (if married): _____

Name of church now attending _____ City _____

Pastor's Name _____ Denomination _____

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 \$135 for registration fee will be requested.

For more information about registration, contact: Jim Rottinger, Registrar
MN Walk to Emmaus
15091 Dunwood Trail
Apple Valley, MN 55124
952-412-3594
jrottinger@hotmail.com

Payment information:

This information will be kept confidential.

I can pay the full cost (\$150) of the weekend (\$15 application fee + \$135 registration fee).

I can pay the full cost (\$150) of the weekend (\$15 application fee + \$135 registration fee), but will need to make payment arrangements with the Treasurer.