OHIO VALLEY WALK TO EMMAUS
REQUEST FOR RESERVATION FOR 2008

(CHECK ONE)

Spring 2008
___ Women's ~ April 3-6 (postmark by March 3)
___ Men's ~ May 1-4 (postmark by April 1)

Fall 2008
___ Women's ~ October 9-12 (postmark by Sept 9)
___ Men's ~ November 13-16 (postmark by Oct 13)

(Please Print)

Name ___________________________(Preferred for name tag) ___________________________

Address ____

City ___________________________ State ________ Zip Code ______________

Home Phone ______________________ Work Phone ______________________

E-mail (all caps please) ______________________________________

Employer ______________________ Tee Shirt size: S M L XL XX XXX

Marital Status: Married ______ Single _______ Widowed _______ Age _____ Occupation ______________

Church ____

Spouse Name ______________________ No. of Children ______________________

Name of a close friend ______________________ Phone no. ______________________

Their Address ____

Are you on a special diet? _________ If yes, please specify ______________________

Medications	**Time Taken**	**With Food/Drink**

Do you have any health problems or physical limitations that may affect your participation in the Emmaus weekend? If yes, please explain ____

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(For the spiritual director)

Name and denomination of church you attend ______________________________

Pastors Name ______________________________ Phone no.______________________

Pastor's Address ____

State briefly why you wish to attend an Emmaus Weekend, and what you expect to get from it

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Special prayer requests or concerns ______________________________

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All of the information given is Confidential and Necessary for your placement in Emmaus. Please Fill in ALL the Blanks.

Please Enclose a Pre- Registration deposit of $50.00 which will be applied toward your contribution of $100.00 to partially offset the expenses of the three days. This includes nine meals, and lodging as well as all materials. **Please add $10 for registrations postmarked after the due date on the first page of this reservation form.**

Make Checks payable to ***"OHIO VALLEY EMMAUS"*** Thank you!

Send Application and Deposit to:

Bill & Judy Greer
205 Westfall Lane
Richmond, OH 43944

In the event you are unable to attend your chosen weekend, or, the weekend becomes full, your registration fee will automatically be held for the next walk.

To be filled out by the Sponsor

Sponsor's Name _____ Which Walk Attended _____

Address _____

E-Mail _____ Phone Number _____

Sponsor's Agreement...

I, as a sponsor, have explained the Walk to Emmaus and the Emmaus Community to this Pilgrim and their Pastor. I agree to provide transportation to and from the walk, and to participate in all the sponsor activities for the walk

_____ _____

(Signature of Sponsor) (Signature of Pastor) (Signature Required)