



"Then their eyes were opened and they recognized him..." Luke 24:31a (NIV)

OHIO VALLEY WALK TO EMMAUS
REQUEST FOR RESERVATION FOR 2018

(CHECK ONE) (Registrations must be in the hands of the registrar at least 14 days prior to the walk)

Spring 2018 Fall 2018

Men - April 12-15, 2018

Women's - October 11-14, 2018

(12 applications needed by the registrar for the walk to be held.)

(Please fill in ALL information and please print)

Name (Preferred for name tag)

Address

City State Zip Code

Home Phone Work Phone

E-Mail @ .

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

Do you have any health problems or physical limitations that would require you to have a bottom bunk in your cabin?

Yes No - I'm OK with a top bunk



(For the spiritual director)

Your Name

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

Special prayer requests or concerns _____

All of the information given is confidential and necessary for your placement in Emmaus. **Please Fill in ALL the Blanks.**

Please Enclose a FULLY REFUNDABLE Pre- Registration deposit of \$50.00. This will be applied toward your contribution of \$175.00 to partially offset the expenses of the 3 days, includes nine meals, and lodging as well as all materials. A letter of acceptance from the registrar will confirm your space has been reserved.

Registrations need to be received as early as possible.

They should be in the hands of the registrar NO LATER THAN 14 days prior to the start of the walk.

Registrations received after the deadline may result in the request being held until the following walk.

Make Checks payable to **“OHIO VALLEY EMMAUS”** Thank you!

Send Application and Deposit to Registrar: **Irene Dillon, 38955 Dillon Rd., Caldwell, OH 43724**

In the event you are unable to attend your chosen weekend, your registration is late or the weekend becomes full, your deposit will be refunded.



To be filled out by the Sponsor

Sponsor's Name _____ Which Walk Attended _____

Address _____ Phone Number _____

I have (check one) ___ Read the booklet "Sponsorship" OR ___ attended a sponsor training on _____(date) OR ___ Neither

E-Mail @ .



Sponsor's Agreement...

As sponsor, I have explained the Walk to Emmaus and the Emmaus Community to this Pilgrim, his or her spouse (if applicable) and Pastor. I agree to provide transportation to and from the walk, to participate in all the sponsor activities for the walk and the pilgrim's 4th day involvement. I also understand the registration should be completely filled in and returned at least 14 days before the walk.

(Signature of Sponsor)

(Signature of Pastor) (Required)

Pastor's signature acknowledges your awareness of the Emmaus Movement as well as this person's involvement in the weekend

NOTE: All sponsors and pilgrims should be aware of the physical setting at the Epworth Center and the need for attendees to be ambulatory in that the facility is not handicap accessible.