

Tampa Bay Area Emmaus

Tampa Bay Area Emmaus. P.O. BOX 129, Valrico, FL. 33595-0129

REQUEST FOR RESERVATION

(To be filled out by applicant and returned to sponsor. **PLEASE PRINT**)

Name: _____ Address: _____

City: _____ State: _____ ZIP: _____ Phone: (____) _____

Name wished on name tag: _____ Date of Birth: _____

Emergency contact person: _____ Phone: (____) _____

Spouse's Name: _____ Your E-mail Address: _____

Number of Children: _____ Marital Status: M S D W Separated *(circle one)*

Church now attending: _____ Pastor's Name: _____

What is your present occupation? _____

In what religious or community organizations are you active? _____

Has the Walk to Emmaus been explained to you? _____

Has the follow-up program of Emmaus groups and the post-Emmaus meetings been explained to you? _____

Are you on a special diet? _____ If so, explain _____

Are you on special medication? _____ If so, explain _____

State briefly why you wish to be involved in the Emmaus Community and what you expect from it:

Signature _____ Date _____ Name of Sponsor: _____

Sponsor's Phone Number: (____) _____ Sponsor's Cellphone Number: (____) _____

All the above information is necessary for your proper placement in a Walk to Emmaus. **Please fill in all blanks.**

PLEASE NOTE: Rotary's Camp Florida, where the walks are held, is a Non-Smoking facility!

Registration fee - \$150.00. Please enclose a pre-registration, non-refundable deposit of \$75.00. The balance of \$75.00 is due and payable 10 days prior to check-in at Send-Off on Thursday evening. Make checks payable to Tampa Bay Area Emmaus and send to Tampa Bay Area Emmaus, P.O. Box 129, Valrico, FL. 33595-0129.

Please indicate below whom will pay the balance of registration fee:

SPONSORS REQUEST FOR PILGRIM RESERVATION

To be filled out by sponsor to accompany the Pilgrim's reservation form and deposit. (PLEASE PRINT)

PLEASE NOTE: Rotary's Camp Florida, where the walks are held, is a Non-Smoking facility!

Name of Pilgrim: _____

Sponsor's Information:

Your Name (**Sponsor**): _____ Address: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) _____

Cell Phone: (____) _____ E-Mail: _____

Church Affiliation: _____ Do you attend regularly? _____

Are you in a Reunion or other religious small group? _____ If so, where? _____

Do you attend Gatherings or other Emmaus activities? _____

Where did you take your Walk to Emmaus? _____

When? _____ Walk Number: _____ Table: _____

How many pilgrims have you sponsored in the last year? _____

How long have you known your Pilgrim? _____ Are you praying for your Pilgrim? _____

Why do you feel your Pilgrim would benefit from this Walk to Emmaus?

Does the Pilgrim have the physical and mental health for the Walk to Emmaus? _____

Are you willing and able to assist your Pilgrim in getting into an Emmaus Reunion Group? _____

If the Pilgrim is married, have you discussed the Walk with their spouse? _____

Will you bring your Pilgrim to Send-Off? _____ Attend the Sponsor's Hour? _____ Attend Candlelight? _____

Attend Closing? _____ Can you care for the Pilgrim's spouse over the weekend? _____

Are you aware of the importance of minimal contact with your Pilgrim during the weekend, especially if the Pilgrim is a relative? _____

Who will pay for your Pilgrim's walk? _____

Signature (Sponsor): _____ Date: _____

Sponsor – please return this form along with the \$75.00 deposit to the Registrar, Tampa Bay Area Emmaus @ P.O. Box 129, Valrico, FL. 33595-0129, at your earliest convenience. The \$75.00 remainder of the fee is due and payable 10 days prior to check-in at Send-Off on Thursday Evening.