

# 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: \_\_\_\_\_

**(PLEASE PRINT CLEARLY)**

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

Church now attending: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

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 \_\_\_\_\_

CPAC Machine? \_\_\_\_\_ If so, explain \_\_\_\_\_

Any other need for electric plug in during your weekend? \_\_\_\_\_ 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 -\$175.00. Please enclose a pre-registration, non-refundable deposit of \$87.50. The balance of**

**\$87.50 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:**

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# 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: \_\_\_\_\_

(PLEASE PRINT CLEARLY)

Church Now Attending: \_\_\_\_\_ Do you attend regularly? \_\_\_\_\_

Church Address: \_\_\_\_\_

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 \$87.50 deposit to the Registrar, Tampa Bay Area Emmaus @ P.O. Box 129, Valrico, FL. 33595-0129, at your earliest convenience. The \$87.50 remainder of the fee is due and payable 10 days prior to check-in at Send-Off on Thursday Evening.**