

DIAKONIA COMMUNITY WALK TO EMMAUS

A Servant Community, Following Jesus Christ's Example of Servant Leadership

Request for Reservation

TO BE FILLED IN BY CANDIDATES & SPONSORS. ALL INFORMATION IS NECESSARY FOR PROPER PLACEMENT IN A WALK TO EMMAUS. PLEASE FILL IN BOTH SIDES.

PLEASE TYPE OR PRINT LEGIBLY

Walk Requested: 1 st Choice Date _____ Walk # _____ Fee \$ _____
2 nd Choice Date _____ Walk # _____ Fee \$ _____
(Walk dates, numbers, fees and locations are found on the back of this form.)

Name _____ Nametag Name _____

Address _____ City _____ State _____ Zip _____

Male Female Married Single Divorced Widow(er) Number of Children _____

Home Phone (____) _____ Work or Cell Phone (____) _____ Birthday(M/D/Y)____/____/____

Present Occupation _____ E-mail Address _____

Name and Denomination of Church now attending _____

Has the Walk to Emmaus been explained to you, including post-Emmaus-follow-up? Yes No

Are you on a special diet? Yes No If yes, explain _____

Do you have health problems or physical handicaps that may affect your attendance at a Walk? Yes No

If yes, explain _____

Can you attend on short notice of three or four days? Yes No

Emergency Contact Person _____ Phone # _____

Please enclose registration fee with this application. Fees vary at different locations. See back.

This is your full cost for the weekend to you. Register ONLY if you intend to be present for the entire weekend. Please have your pastor sign this form. If you are unable to attend a Walk on which you are confirmed or on the waiting list of, please write the Registrar immediately at the appropriate address below. If you must cancel participation in a Walk, you may request, in writing, a refund of your registration fee minus a \$5 processing fee. In case of an emergency, call the appropriate Registrar at the number below. Your sponsor plays an important part in your Walk, please fill in the name and address of your sponsor below. Your sponsor must have already attended Walk and can be male or female. Check to make sure that you complete all parts of this application to ensure that your Walk will be the best one ever.

Your Signature X _____ Your Pastor's Signature X _____

Sponsor's Name (print) _____ Address _____

City _____ State _____ Zip _____ Email _____

Home phone _____ Work or Cell Phone _____

SPONSORS, PLEASE FILL OUT BACK SIDE!

Mail this completed form and your check made payable to "Treasurer – Diakonia" to:

Austin Walks – Marie Sullivan, 15315 English River Loop, Leander, TX 78641 - ph: 512-259-4726
San Antonio Walks - Susie Williamson, 913 Canterbury Hill, San Antonio, TX 78209 - ph: 210-826-0674

**CURRENT SAN ANTONIO
 DIAKONIA
 WALKS TO EMMAUS**

DATES	WALK	LOCATION	FEE
Apr 8-11, 2010	107W	Omega Retreat Center	\$180.00

**CURRENT AUSTIN
 DIAKONIA
 WALKS TO EMMAUS**

DATES	WALK	LOCATION	FEE
Sept.9-12,2010	109W	Summers Mill	\$250.00

TO BE COMPLETED BY SPONSOR

Name and denomination of church now attending: _____

Do you attend regularly? Yes No Have you read about "Pilgrims Sponsorship" on the website? Yes No

Do you visit the Diakonia Web site (www.diakoniaemmaus.org) to find current info? Yes No

Where did you make your Cursillo/Walk to Emmaus? _____ When? _____

Cursillo/Walk # _____ Are you now in a group reunion/Emmaus group? Yes No

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

Are you praying/sacrificing for your candidate? Yes How long have you known the candidate? _____

Why do you feel this person would be a good candidate? _____

Does the candidate have health needs that could interfere with his/her Walk to Emmaus? Yes No

Is the candidate under any emotional strain that might indicate his/her weekend should be postponed? Yes No

Are you able and willing to assist the candidate to get into an Emmaus group reunion? Yes No

If the candidate is married, have you discussed the Walk to Emmaus with his/her spouse? Yes No

Will you bring your candidate to the Walk site or make appropriate arrangements? Yes

Will you attend the related Emmaus functions during the Walk weekend? Yes

Can you care for the needs of your candidate's spouse and family over the weekend? Yes No

Are you aware of the importance of minimal contact with your candidate during the weekend? Yes

OFFICE	Date Paid _____	Amount: \$ _____	Check # _____
USE	Confirmed on Walk # _____	Date _____	Letter mailed on _____
ONLY	On Waiting List: Walk # _____	Date _____	Walk # _____ Date _____