

**Lamesa de Dios Emmaus Community**

**Walk to Emmaus**

**Request For Reservation**

**Office Use Only**

Walk#: \_\_\_\_\_  
Ck. No: \_\_\_\_\_  
Amt: \_\_\_\_\_  
Postmark: \_\_\_\_\_

**Mail Completed Application & Check to:**

Paula Swanson  
1942 CR 390  
Denver City, TX 79323  
Home: 806-592-3900 Work: 806-592-2774

TO BE FILLED OUT BY CANDIDATE (Please PRINT legibly and fill in all blanks)

NAME: \_\_\_\_\_

Circle One:      Male      Female

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

CELLULAR NO: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ NAME FOR YOUR NAME TAG: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

CHURCH NOW ATTENDING: \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ No. of Children \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Spouse's Walk: \_\_\_\_\_  
Walk #, Date, & Community if Applicable

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

SMOKER: \_\_\_\_\_ NON-SMOKER: \_\_\_\_\_

WALK PREFERENCE (Please enter a Walk # or Date) 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

**Please fill out the following health related issues:**

Do you have any special dietary needs? \_\_\_\_\_

Do you have any medicine/medical concerns/allergies, etc.? \_\_\_\_\_

Do you have any handicap/mobility concerns? \_\_\_\_\_

Will climbing stairs be a problem? \_\_\_\_\_

Your Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

Sponsor's Name (Print) \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

PLEASE ENCLOSE \$150 (NO PARTIAL PAYMENTS) WITH THIS APPLICATION.

MAKE CHECKS PAYABLE TO: **Lamesa de Dios**

APPLICATION MUST BE COMPLETE WITH ALL SIGNATURES.

SPONSOR FORM MUST ACCOMPANY APPLICATION.