

Pilgrim's Reservation Request

	Men's Walk	Wor	nen's Walk		
Please type or Print legibly]					
First Name	Last Name	Age _	Birth Da	te	
As prejerred on numeray					
Address					
Street		city	ST	zip	
Home Phone	Work Phone		Cell Phone		
Occupation	Ema	il Address			
pouse Name		Spouse Walk #			
Church Name		Denomination			
Church Address		Pastor's Name			
las the Walk been explained to	you, as well as post-Walk opp	oortunities? YES		10	
Dietary Concerns					
(special d	iet, vegetarian, allergies, etc)				
Medicine / Medical Concerns					
(1	Please list medications, allergies, conditio	ns, sleep apnea, hearing or visi	on concerns, etc)		
Mobility Concerns	(Please list areas of concern,ie. Trouble	ish at its difficult will be			
•		with stairs, difficulty walking,	etc)		
•	•	, ,	,		
	in an upper bunk? (Yes/No) _				

Note: A \$25.00 <u>non-refundable</u> deposit **MUST** accompany this application. Make checks payable to: *Fox Valley Walk to Emmaus*. This is an application **only** and space is limited. Deadline for receipt of your application and full payment is one month prior to the Men's Walk. Notification of your acceptance will be made several weeks before your Walk to Emmaus weekend. All parts of this application must be completed. After you have completed this application, **please return it to your sponsor**.

All information is confidential and only used to assist us in planning your weekend.

Print Completed Form

Date

Signature



Wisconsin, usa



ATTENDEE HEALTH HISTORY FORM

Send this original, completed, signed form to Registrar, or attach to Pilgrim Application.

Asterisks notate mandatory information.

1 11 3 L	Middle	Last			
* Birthdate:					
(Month/Day/Year)					
further authorize Fox Valley Walk to Emmaus (FVWTE) to information posted.	use photos, videos or other likeness of the above nar	ned for FVWTE publicity with no identifying			
* <u>Allergies:</u>	* <u>Diet, Nutrition:</u>				
□ No known allergies.	🗆 l eat a regular die	🗆 I eat a regular diet. 🗆 I eat a regular vegetarian diet			
□ I am allergic to:	\Box I am lactose intolerant. \Box I am gluten intolerant.				
□ Other	☐ Other, please explain in space below.				
(Please describe below what you are allergic to and the	ne reaction seen.)				
(Paramanan anniant ta la anniant d'oron	e of Illness or injury:				
	Re	lationship:			
Name:					
Name: Preferred Phones: ()					
*Emergency contact to be contacted in cas Name: Preferred Phones: () Home Address: Street In case of emergency is there any additional	()	ST Zip			

Revised 1/11/2024

Pilgrim Name:							
** Medication: I will keep my medications: in my assigned cabin/room:							
transportation, including personal in which may arise in the course of my my personal representative, to defe by law, Fox Valley Walk to Emmaus, against any and all claims, demands personal injury or death that may reunderstand it fully, I understand that	njury, property damage, or was participation in the Walk to end, hold harmless, indemniful its trustees, officers, employ, actions, or causes of action esult from my participation in the it is legally binding, and I use.	ers and hazards inherent in the Walk to Emmovrongful death, as well as the unknown dangone Emmaus, do hereby voluntarily: Agree, for use, release and forever discharge, to the broaves, volunteers, agents, insurers, successor on account of any damage to real or persor on the above Walk to Emmaus. I have read the inderstand that, among other things, I am agong the successor of th	ers and hazards myself, my heirs and idest extent allowed s, assigns, from and hal property or any is release, I reeing to indemnify				
Signature		Date					
Medication Name (or Envelope #) :	Time To Be Taken At:	Medication Name (or Envelope #) :	Time To Be Taken At:				