

**Dakota's Walk to Emmaus Request for Reservation**  
(For more copies of this form go to ([www.dakotaswalk.org](http://www.dakotaswalk.org)))

**PLEASE RETURN THIS COMPLETED FORM TO YOUR SPONSOR**  
**If you do not have a sponsor or need further information, please call:**

**Corene Mehlhaf, Community Lay Director—(605-661-8493)**

Full Name \_\_\_\_\_

Name on Name Tag \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_ Marital Status: M \_\_\_\_\_ S \_\_\_\_\_ D \_\_\_\_\_ W \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_

Name of Church now attending \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Has the WALK TO EMMAUS been explained to you, including reunion groups? \_\_\_\_\_

If you have health problems or physical handicaps that may affect your attendance at the WALK TO EMMAUS, please explain: \_\_\_\_\_

Please list medications we should know about: \_\_\_\_\_

If you are on a special health diet or have dietary preference, describe your needs: \_\_\_\_\_

In what religious or community organizations are you now active? \_\_\_\_\_

What do you expect to gain from the WALK TO EMMAUS? \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

Please include a \$25.00 non-refundable application deposit. Make your check payable to:  
**DAKOTAS WALK TO EMMAUS.** The remaining balance of \$105.00 is due when you confirm your registration.

Signature \_\_\_\_\_ Date \_\_\_\_\_