

**La Mesa de Dios Emmaus Community  
Walk to Emmaus: Request for Reservation**

**Office Use Only:**

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

**Mail Completed Application & Check to:**

Risa Coleman  
La Mesa de Dios  
P.O. Box 1094, Lamesa, TX 79331  
Cell: 806-759-7984

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

Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Check 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 Currently Attending: \_\_\_\_\_

Check One: Married:  Single:  Divorced:  No. Of Children: \_\_\_\_\_

Name Of Spouse: \_\_\_\_\_ Spouse's Walk: \_\_\_\_\_

*Walk #, Date, & Community If Applicable*

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

Check One: Smoker:  Non-Smoker:

Walk Preference: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

*Please enter Walk # or Date*

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**PLEASE FILL OUT THE FOLLOWING HEALTH RELATED ISSUES:**

List any special dietary needs: \_\_\_\_\_

List medicine/medical concerns/allergies, etc.: \_\_\_\_\_

List any handicap/mobility concerns: \_\_\_\_\_

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

\*Your Signature: \_\_\_\_\_

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

Sponsor's Name (*Print*): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

Please enclose \$200 (*no partial payments*) with this application.

Make checks payable to: **La Mesa de Dios**

\**Request for Reservation* must be complete with all signatures.

*Sponsor Form* must accompany *Request for Reservation*.