

WALK TO EMMAUS - EAGLES WINGS COMMUNITY

Request for Reservation

To be completed by participants and sponsors. Please note that a sponsor plays an important part in your Walk experience. They may be male or female and need to be someone who has already attended a Walk. Your sponsor needs to complete the back side (2nd page) of this form. ***If you have questions about sponsoring, or do not yet have a sponsor, please contact the Walk Lay Director listed below, or Fred Widmer, Community Lay Director. Fred can be reached at (512) 605-7261 (cell).***

WALK PARTICIPANT - PLEASE COMPLETE THE FOLLOWING INFORMATION

Walk Start Date		Registration Fee	\$195
Name	Name for Name Tag		
Address	City	State	Zip
Home Phone	Cell Phone	Date of Birth (M/D/Y)	
Email	Occupation		
Church Affiliation / Home Church			
Male/Female			
Special diet?	Yes	No	If Yes, please describe needs:
Do you have health issues or special physical needs that may require assistance at the Walk?			(Y/N)
If Yes, please describe needs:			
Emergency Contact 1	Relationship		Cell #
Emergency Contact 2	Relationship		Cell #

Emmaus is for all Christians seeking a special opportunity to grow in their spiritual life.

Please enclose the registration fee with this application (see next page for details)

Please sign and also have your pastor sign the form below. **Note:** By signing this Request for Reservation form, I release the Diakonia Emmaus - Eagles Wings Cluster, Inc., it's leaders, members, and volunteers from any claim that I may have as a result of injury or illness incurred during the course of participation in the weekend activities.

Your Signature:

Pastor's Signature:

Current Austin Emmaus Walk Schedule							
Start Date	Walk	Walk#	Location	Fee	Walk Lay Director	Cell #	
Sept. 26, 2019	Women	142	Eagles Wings Retreat Center, Burnet	\$195	Nelda Carpenter	512-415-5307	

Registration signifies that you intend to be present for the entire weekend. Please let the Registrar know as early as possible if you find you are unable to attend, as this can help us plan and also avoid unnecessary expenses.

Important Notice: Possession or use of alcohol, recreational drugs, or firearms is strictly prohibited during the Walk to Emmaus.

PARTICIPANT'S SPONSOR - PLEASE COMPLETE THE FOLLOWING INFORMATION

If you have questions about sponsoring, or do not yet have a sponsor, please contact the Walk Lay Director listed on the schedule, or Fred Widmer, Community Lay Director. Fred can be reached at (512) 605-7261 (cell).

Sponsor's Name	Walk Participant's Name		
Sponsor's Address	City	State	Zip
Home Phone	Cell Phone		
Email			
Are any special family needs supported so the participant can fully focus on the walk experience?			(Y/N) <input type="checkbox"/>
Where was your Walk to Emmaus, Cursillo, etc.?		When?	
Sponsor's Church Affiliation / Home Church			

Sponsors - please support your walk participant as follows:

- Pray for your walk participant before, during, and after the Walk.
- Assist participant with getting connected through the registration process.
- Plan to address any special needs for your participant's spouse and family during the Walk.
- Plan for transportation to get your participant to the Walk site by 6:00pm Thursday evening.
- Ensure your participant has dinner before arriving at the Walk site.
- If your participant needs some financial assistance for the walk fee, please contact 1) your home church Emmaus representative, or 2) the Eagles Wings Community Financial Scholarship team (Mike at (512) 413-8050, or 3) the Walk Lay Director. Money should never be a barrier to participation.
- Assist participant with getting connected with Emmaus community activities after the Walk.
- If sponsoring for the first time, contact the Walk Lay Director listed on the schedule or Fred Widmer, Community Lay Director. Fred is at (512) 605-7261 (cell) or fwidmer1020@att.net

WHEN BOTH PAGES HAVE BEEN COMPLETED

Mail this completed form and your check (made payable to 'Diakonia Emmaus - Eagles Wings') to:

Paulette Widmer, Registrar, 9550 Savannah Ridge Dr., #25 Austin, TX 78726

For questions, please contact Paulette Widmer: (512) 507-1794 or pswidmer1020@gmail.com

Specific walk related information (e.g. things to pack, etc.) will be provided via email.

Remember: If a participant needs financial assistance please let the sponsor know. Money should never be a barrier to participation.

DIAKONIA – EAGLES WINGS EMMAUS REGISTRAR'S USE ONLY					
Date Paid		Amount \$		Check #	
Confirmed on Walk		Dates		Letter mailed on	

Eagle's Wings Retreat Center
2805 Ranch Rd. Burnet, Tx. 78611

Adult Liability & Photography Release Form

Dear Participant,

We are happy that you will be participating in the activities at Eagle's Wings Retreat Center. For our records and for any possible emergencies that might arise while at the retreat center, we ask that you fill out this form and this will act as a Liability Release. Please note your signature is required. Please be sure all information is correct.

Participant Information

Name _____ Birth Date _____

Address _____

Cty/St/Zip _____ Phone _____ Cell _____

Email address _____

Consent

I consent to my participation in the activities at Eagle's Wings Retreat Center. I relieve the Eagle's Wings Retreat Center, Inc. its staff members and volunteers of all responsibility and consequence that may arise in the event of an injury. Further, I agree to accept financial responsibility as a result of medical treatment. I agree to abide by all rules and regulations stated by Eagle's Wings Retreat Center, Inc. staff and volunteers. Eagle's Wings Retreat Center will not be liable if I fail to cooperate with regulations, and that my infraction of the rules may result in immediate dismissal from this facility at my expense.

I also authorize Eagle's Wings Retreat Center the right to photograph and use said photographs in any medium or form of distribution and for any purpose whatsoever, including, without limitation, all promotional and advertising uses.

Participant's Signature _____ **Date** _____

Medical and Emergency Information

Family Physician _____ Phone(____) _____

Preferred Hospital _____ Phone _____

Address/City _____

Allergies _____ Current Medications _____

Medical Conditions we should be aware of _____

In case of emergency, please call:

Name _____ Phone _____ cell _____

Name _____ Phone _____ cell _____