



# SPONSOR'S SHEET

To be completed by sponsor (one pilgrim per form, please). PLEASE PRINT

Pilgrim's Name: \_\_\_\_\_ Gender:  M  F Age: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse Sponsor: \_\_\_\_\_

How long have you known the pilgrim? \_\_\_\_\_

Why do you feel this person is a good candidate for the Walk to Emmaus? \_\_\_\_\_

Yes No

- Have you explained the Walk to Emmaus program and weekend to your pilgrim?
- Will you assist your pilgrim with joining or establishing a reunion group?
- Will you pray for your pilgrim?
- Will you bring your pilgrim to the weekend send-off?
- Will you attend Sponsor's Hour?
- Will you attend Candlelight Service?
- Will you attend Closing?
- Will you care for the needs of your pilgrim during the weekend?
- Does your pilgrim have the necessary mental and physical health to attend the weekend?

Pilgrim's choice of weekend based on his/her availability: (See weekend schedule at [www.aldersgateemmaus.org](http://www.aldersgateemmaus.org))

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

Sponsor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Church Name: \_\_\_\_\_

Denomination: \_\_\_\_\_ Attend Regularly?  Y  N

Where did you make your Emmaus/Cursillo walk? \_\_\_\_\_

Date: \_\_\_\_\_ Walk #: \_\_\_\_\_ Are you in a reunion group?  Y  N

NOTE: Please remember that the Walk to Emmaus weekend is an intense program of Christian study and spiritual growth. It is not a retreat, a cure-all for persons who may be experiencing temporary problems, nor is it meant to be a "conversion experience". The pilgrim should be active in their church, desire an opportunity to grow in Christ and enhance their role in church leadership.

I have read, understand, and agree to my responsibilities as laid out in the Sponsor Responsibility Letter.

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed Sponsor's Sheet, Request for Reservation and \$100 deposit to:

Aldersgate Registrar  
 c/o Evelyn Day  
 10165 SE 125th Street  
 Belleview, FL 34420  
 callitaday126@gmail.com