

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?

☐ ☐ I have met with both spouses and explained the Walk, its purpose, and the weekend activities in detail.

☐ ☐ I have invited both spouses to attend the Walk to Emmaus.

☐ ☐ 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)

1st Choice: _____ 2nd 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 or full amount of \$200 to:

Chris Perdue /Aldersgate Emmaus Registrar
4975 Falcon Blvd.
Port St. John, FL 32927
clperdue@cfl.rr.com