

North Mississippi Walk to Emmaus

Sponsor Sheet

TO BE COMPLETED BY SPONSOR

Please Print Legibly

Pilgrim's Name _____ Address _____

City _____ State _____ Zip _____ Telephone: _____

Sponsor's Name: _____ Address _____

City _____ State _____ Zip _____ H-Phone _____ C-Phone _____

E-Mail _____ @ _____

Name of denomination of church you now attend _____

Do you attend regularly? _____ Where did you make your Cursillo/Chrysalis/Walk to

Emmaus? _____ When? _____ Walk # _____

Are you now in a group reunion or Emmaus group? _____ Are you praying for your

pilgrim? _____ Why do you feel led to sponsor this person? _____

Please circle the appropriate response for each of the following:

Yes No Does your pilgrim have the physical and mental health needed for a Walk to Emmaus weekend?

Yes No Is your pilgrim under any emotional strain that indicates his/her weekend should be postponed?

Yes No Will you bring your pilgrim to the Emmaus camp, attend Sponsor's hour, Candlelight, and Closing?

Yes No Can you care for the needs of your pilgrim's spouse over the weekend if necessary?

Yes No Will you introduce your pilgrim to a reunion group during his/her fourth day?

Yes No In the past twelve months has your pilgrim had a problem with substance abuse?

Yes No Does your pilgrim smoke? If so, please tell your pilgrim there will be limited time and designated places for smoking.

What church does your pilgrim attend? _____

In what activities is your pilgrim involved in his/her church? _____

Please mail the completed form along with your Request of Reservation form to:

Lesa Moore
298 CR 168
Houston, MS 38851

662-456-9347 (Home)
662-542-4023 (Cell)
lesamoore2000@yahoo.com

Signature _____ Date: _____