NORTH MISSISSIPPI WALK TO EMMAUS SPONSOR SHEET

TO BE FILLED OUT BY SPONSOR:

Candidate's Name_		Addre	ess	
City				
Sponsor's Name				
City	State	Zip	Phone	e
Name of denomination	on of church	now attending		An .
Do you attend regula	arly?	_Where did yo	u make your C	ursillo/Walk to
Emmaus?	W	hen?	Cursillo/	Emmaus #
Are you now in a gro	oup reunion/E	mmaus group	?	
How many candidate	es have you	sponsored in th	ne last year?	Are you pray-
ing and sacrificing fo	r your Candi	date?	Why do you	feel that this per-
son would be a good	d candidate?_			
Does the candidate	have the phy	sical and ment	al health neede	ed for a Walk to
Emmaus weekend?_	Is the	candidate und	der any tempora	ary emotional
strain that might indi	cate his/her v	weekend shoul	d be postponed	d? If the
candidate is married	, have you di	scussed the W	alk to Emmaus	with his/her
spouse? Will	you bring yo	ur candidate to	Emmaus site	2 Attend the
Sponsor's Hour?	Candlelig	ht? The	Closing?	Can you care for
the needs of your ca	ndidate's spo	ouse over the v	weekend?	_ Have you
explained the post-w	eekend mee	ting? Are	e you aware of	the importance of
minimal contact with	your candida	ate during the v	weekend, espe	cially if the candi-
date is your spouse?	?			

Mail to:

Mrs. Sybil Arant 414 Blaine Rd. Sunflower, MS 38778