



REYNOLDSBURG EMMAUS COMMUNITY
SPONSOR FORM

Pilgrim's Name _____

Sponsor's Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Sponsor's e-mail (please print legibly) _____

Sponsor's church _____ Attend regularly? _____

Where did you attend Cursillo/Emmaus? _____ When? _____

Are you in a reunion/sharing group? _____ Do you receive the newsletter? _____

Have you served as a sponsor before? ___ Are you willing to pray and sacrifice for your pilgrim? ___

How long have you known the pilgrim? _____

Why do you think this person would benefit from the Walk to Emmaus? _____

Who will bring your pilgrim to the Emmaus Weekend? _____

Who will take your pilgrim home? _____

Will you care for the special needs of the pilgrim's family during the Walk to Emmaus? _____

Will you attend the Sponsor's Hour? _____ Candlelight? _____ Closing? _____

Have you explained the Monthly Gatherings and Share Group? _____

Will you accompany the pilgrim to the Monthly Gatherings? _____

Are you aware of the importance of minimal contact with the pilgrim during the weekend, especially if he/she is your spouse? _____

Do you understand the responsibility of assisting the pilgrim in finding a sharing group? _____

Please make any additional comments that may be helpful. _____

PLEASE RETURN THIS FORM AND THE PILGRIM REGISTRATION (WITH DEPOSIT) TO:
Reynoldsburg Emmaus Community
Attn: Registrar (Men or Women's as appropriate)
1636 Graham Road
Reynoldsburg, OH 43068