



**WALK TO EMMAUS PILGRIM APPLICATION - SPONSOR FORM**

- ALL INFORMATION IS REQUIRED. PILGRIM'S FIRST NAME, LAST NAME, AND BIRTH DATE MUST MATCH ON ALL FORMS.
- PLEASE DOWNLOAD, OPEN WITH ADOBE ACROBAT (FREE READER), COMPLETE ON YOUR COMPUTER WHILE CONNECTED TO THE INTERNET, PRESS PRINT, REMOVE ANY CREDIT CARD INFORMATION, PRESS SUBMIT, THEN MAIL.

Pilgrim First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth Date (mm/dd/yyyy): \_\_\_\_\_

Sponsorship is the most important job in Emmaus. The quality of sponsorship influences the pilgrim, the health of the Emmaus movement, and the Church being affected by Emmaus. Thank you for your dedication and effort to promote the Emmaus vision of developing Christian leaders who will strengthen the local Church. It is important for the success of the Walk for you to be a fully participating sponsor. If you cannot answer YES to all of the following except NO for the candidate suffering from a loss, then please reconsider whether you are best suited to act as this applicant's sponsor.

- Yes  No Are you in a reunion group? If not active in a reunion or accountability group, please make every effort to join one soon. This is an essential part of the weekend experience.
- Yes  No Will you care for the needs of your candidate's family? (mow the lawn, help with emergency tasks, offer childcare to give the spouse a break, help the family get to Church)
- Yes  No If the candidate is married, have you discussed the Walk with their spouse? (Yes if not married)
- Yes  No Have you informed the candidate and family that they should expect to have no contact during the weekend, except in case of emergency?
- Yes  No Will you personally bring your candidate to the Emmaus site on Thursday night?
- Yes  No Have you explained the post-Emmaus follow-up (Welcome Back) meeting?
- Yes  No Are you able and willing to assist the candidate to get into a Reunion Group?
- Yes  No Can you fulfill sponsor responsibilities If your candidate attends on short notice?
- Yes  No Has the candidate suffered from a loss this past year?
- Yes  No Is the candidate emotionally ready to attend?
- Yes  No Are you active in your local Church?
- Yes  No Will you bring agape food & gifts?
- Yes  No Are you praying for your candidate?

As sponsor you are responsible for participating in the following events. Please indicate the events you will attend:

- Registration  Sponsor's Hour  Candlelight Worship  Closing  Welcome Back  First Gathering

Sponsor First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(none if the same as Cell Phone) (none if the same as Home or Cell Phone)

Reunion Group Name or none: \_\_\_\_\_ E-Mail: \_\_\_\_\_

For your Emmaus, Chrysalis, Cursillo, or any other recognized 3-day experience: Type (Emmaus,etc.): \_\_\_\_\_

Where: \_\_\_\_\_ Walk#: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

How long have you known this candidate? \_\_\_\_\_ Is this candidate active in their local Church? \_\_\_\_\_

If you were on the team would you be encouraged to have this person as a candidate? \_\_\_\_\_

What characteristics does the candidate show that exhibits his/her commitment to Christ? \_\_\_\_\_

To YOUR knowledge, does this candidate have an addiction that would prevent full participation? \_\_\_\_\_

\*\*\* If the answer is yes to the last question, it is advisable to wait to sponsor this candidate until the issues are resolved.\*\*\*

**As a sponsor, I say YES to Christ – to fulfill my responsibilities in such a way that His grace and love are revealed to this candidate through my Christian action. My signature on this application indicates my commitment to the high calling of servanthood.**

Sponsor's Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

I am making a payment in the amount of \_\_\_\_\_ by  None  Check payable to GAEC  Credit Card

Mail this completed form and fee to: GAEC Treasurer, 4006 Mayfield Cave Trail, Round Rock, Texas, 78681-1105

----- PLEASE REMOVE CREDIT CARD NUMBER, EXPIRATION DATE, AND CVV CODE AFTER PRINTING AND BEFORE SUBMITTING THIS FORM -----

Credit Card Number: \_\_\_\_\_ Expiration Date (mm/yy): \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_