

# 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:

Lesamoore  
298 CR 168  
Houston, MS 38851

662-456-9347 (Home)  
662-542-4023 (Cell)  
[lesamo2024@gmail.com](mailto:lesamo2024@gmail.com)

Signature \_\_\_\_\_ Date: \_\_\_\_\_