

# HIGH PLAINS WALK TO EMMAUS APPLICATION FOR SPONSOR

July 1, 2008 - Please discard previous forms

**LIST DATES OR NUMBER OF WALK REQUESTED**

**1<sup>ST</sup> Choice** \_\_\_\_\_  
**2<sup>ND</sup> Choice** \_\_\_\_\_

Please fill out this form and attach it to the candidate's application and send to the address on the bottom of this application. It is important that **YOU** as sponsor take care of this process.

Applicant's Name \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. Home \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Where did you make your Walk to Emmaus/Chrysalis/Kairos/Cursillo? \_\_\_\_\_

When? \_\_\_\_\_ Walk Number \_\_\_\_\_

Name, denomination of church you are now attending: \_\_\_\_\_

Are you now in a Reunion Group? \_\_\_\_\_ Name of your Reunion Group \_\_\_\_\_

Do you attend the Community Gatherings in your area? \_\_\_\_\_

Where did you attend Sponsor Training? \_\_\_\_\_ Date \_\_\_\_\_

Are you praying for your applicant and the Team? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Why is this a good time for your candidate to go on the walk? \_\_\_\_\_

Explain any special physical health needs of the applicant \_\_\_\_\_

If applicant is married, have you discussed Emmaus with the spouse? \_\_\_\_\_ Have you arranged for transportation for the applicant to the site? \_\_\_\_\_ Can you care for the needs of your applicant's family over the weekend? \_\_\_\_\_

Are you aware of the importance of minimal contact with the applicant during the weekend, especially if the applicant is your spouse? \_\_\_\_\_ Have you told the applicant that they cannot bring a cell phone or recording device to the Walk and phone calls are not allowed during the Walk? \_\_\_\_\_

As sponsor you are responsible to attend the following events. Please indicate the events that you will attend.

Send off \_\_\_\_\_ Sponsor's Hour at beginning of the Walk \_\_\_\_\_ Candle Light \_\_\_\_\_

Closing \_\_\_\_\_ First Community Meeting After attending Walk \_\_\_\_\_

Will you bring Agape food? \_\_\_\_\_ and Agape Gifts? \_\_\_\_\_

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

Please carefully check this form and be sure that all information that is asked for is furnished.

It is necessary that funds for the total amount of the registration fee (\$150.00) accompany this form. **Without full payment, registration will not take place.** When complete attach payment and pilgrim's application and send to:

**Women's Registrar**  
**Judy Bell**  
**PO Box 1293**  
**Clovis, NM 88102**  
**Phone: (575) 769-0585**  
**1500@cox.net**

**Men's Registrar**  
**Donna Mitchell**  
**PO Box 277**  
**Bovina, TX 79009**  
**Phone: (806) 251-1678**  
**donna@computekdc.com**