

# NEAR THE CROSS EMMAUS SPONSORS FORM

PILGRIM'S NAME: \_\_\_\_\_

Return to:  
Bob Rogers  
P O Box 11  
Blytheville, AR 72316  
870-838-3867  
[bobgoeagle@att.net](mailto:bobgoeagle@att.net)

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Name and address of Church now attending: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Are you actively involved in the Church? \_\_\_\_\_

When & Where did you make your Emmaus Walk?

NEAR the Cross Emmaus Community Walk # \_\_\_\_\_, or other Community: \_\_\_\_\_ Walk# \_\_\_\_\_

Name of Reunion Group in which you are currently active: \_\_\_\_\_

How long have you known this Pilgrim? \_\_\_\_\_

Why do you feel this person would be a good pilgrim? \_\_\_\_\_

Are there special health or physical needs that might affect the Pilgrim's participation in the Walk? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", describe: \_\_\_\_\_

Please describe any other special needs we need to be aware of for this Pilgrim: \_\_\_\_\_

Are you willing to assist this Pilgrim in getting into a reunion group? Yes \_\_\_\_\_ No \_\_\_\_\_

If this Pilgrim is married:

Have you discussed the Walk to Emmaus with his/her spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you explained that a commitment to attend an Emmaus Walk is expected from both spouses before either will be accepted? Yes \_\_\_\_\_ No \_\_\_\_\_

If "no", attach a separate sheet describing why an exception should be made in this pilgrim's situation.

Are you committed to bring this Pilgrim to Registration & Send-Off on Thursday evening from 6:30-7:00 PM Yes \_\_\_\_\_ No \_\_\_\_\_

Are you committed to attend Sponsor's Hour?(Usually over by 7:30 Thursday evening) Yes \_\_\_\_\_ No \_\_\_\_\_

Are you committed to attend Candlelight?(Saturday @ 7:00 pm) Yes \_\_\_\_\_ No \_\_\_\_\_

Are you committed to attend Closing?(Sunday @ 4:45 pm) Yes \_\_\_\_\_ No \_\_\_\_\_

Are you committed to acquire 8-10 letters for your Pilgrim? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you committed to care for the needs of the Pilgrim's family during the weekend? Yes \_\_\_\_\_ No \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Note: All information is necessary for proper placement on a Walk. Please fill in all blanks. Pilgrims will be placed on a Walk when ALL application materials are received in the Emmaus office. A complete application includes: 1) a completed Pilgrim Application Form, 2) a completed Sponsor's Form, and 3) the Walk Fee of \$95.00. (payable to NEAR the Cross). Applicants will be placed on the first Walk with space available unless a different request is noted below.

### PLEASE CIRCLE YOUR PREFERRED WALK DATE

#### Men's Walk Dates

Men's Walk # 15 April 15-18, 2010  
Men's Walk # 17 Oct 7-10, 2010

#### Women's Walk Dates

Women's Walk #16 April 29-May 2, 2010  
Women's Walk #18 Oct 14-17, 2010