

Missouri East Walk to Emmaus  
P.O. Box 1944  
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Information to be completed by **Sponsor**. Please print

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Walk #: \_\_\_\_\_  
Pilgrim Name: \_\_\_\_\_ How long have you known this \_\_\_\_\_  
Your Church: \_\_\_\_\_ Emmaus Community: \_\_\_\_\_

Why do you feel this person would benefit from the Walk to Emmaus? \_\_\_\_\_

	Y	N	N/A
Are you active in a reunion group?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you willing to help your pilgrim get into a reunion group?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you discussed the Walk to Emmaus with the pilgrim;s spouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to bring this pilgrim to the Walk site?	<input type="checkbox"/>	<input type="checkbox"/>	
Does this pilgrim have the health needed for this weekend?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you willing to care for this pilgrim's family over the weekend?	<input type="checkbox"/>	<input type="checkbox"/>	

Please list any additional comments or concerns about this pilgrim's health or spiritual maturity that may impact their Walk: \_\_\_\_\_

Please list any economic barriers that may affect this pilgrim during the weekend: \_\_\_\_\_

*(Scholarships are available from local churches, communities and the Emmaus Board)*

*I understand the need to be in continual prayer for this pilgrim before, during and after the Walk to Emmaus. I willingly place this pilgrim's needs above my own for this weekend, offering sacrificial agape to them and their family. I vow to make every effort to support this pilgrim during community events during the weekend, while maintaining minimal personal contact during the Walk.*

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