



Missouri East Walk to Emmaus
 P.O. Box 1944
 St. Peters, MO 63376
moeregistrar@gmail.com

Information to be completed by **Sponsor**. Please print

Name: _____ Phone: _____
 Address: _____ Phone: _____
 City/State/Zip: _____ Email: _____
 Pilgrim Name: _____ Your Church: _____

How long have you known them: _____

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

- Are you active in a reunion group?
- Are you willing to help your Pilgrim get into a reunion group?
- Have you discussed the Walk to Emmaus with the Pilgrim's spouse?
- Are you willing to bring this Pilgrim to the Walk site?
- Does this Pilgrim have the health needed for this weekend?
- Are you willing to care for this Pilgrim's family over the weekend?

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<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 contact during the Walk.

 Signature

 Date

