



Sponsor Commitment Form

Date: _____

Sponsor Information

Name: _____

Address: _____
Street City State Zip+4

Phone: () _____ E-mail address: _____

Church _____
Name Denomination Street City State Zip+4

Type of weekend you attended: Emmaus Chrysalis Via de Cristo Other (specify) _____

Weekend Community: _____ Weekend Date: _____ Weekend #: _____

Weekend Location: _____ Are you in a regular reunion group? Yes No

Applicant's Name: _____

Write a brief paragraph explaining why you feel this person is open to God's call to discipleship using the criteria of **church leaders** (pastors and lay persons), **dependable church members**, **less active members** who need their awareness of grace rekindled and their commitments renewed, **Christians** who are hungry for something more, **members and leaders** who represent a cross section of the church, or **respected lay persons and clergy persons** whose participation, support and leadership will encourage others to take a Walk to Emmaus. (Continue of back if needed.)

Commitment Checklist for Sponsors

- Are you praying for your applicant?
- Have you encouraged the person, if married, to go with the spouse to the same set of walks?
- Has the Walk to Emmaus been explained to the married couple?
- Have you explained the post-walk gathering and provided the proper date?
- Will you assist your pilgrim in joining an Emmaus reunion group?
- Will you bring your pilgrim to the site for the weekend?
- Will you attend the candlelight service on Saturday evening? Will you attend the closing ceremony on Sunday afternoon?
- Can you care for the needs of your pilgrim's family during the weekend? Will you participate in the 76-hour prayer vigil?

Time and day you would be willing to commit to pray. (Prayer vigil coordinator will call to confirm.)

_____ a.m. _____ p.m. Thursday Friday Saturday Sunday

Because of the responsibilities of sponsorship, we encourage you to sponsor only one or two pilgrims on each walk.

Please include this form with the applicant's form and nonrefundable \$30 deposit. (Ensure checks are payable to "Mid-Michigan Emmaus Community.") Incomplete forms may be returned, causing a delay in registration. Send to the registrar:

Lisa Ligalo 989-780-1339
 16081 W Clear Lake Road lisalagalo@gmail.com
 Buchanan, MI 19107-9226

Emmaus Applicant Form:

To be completed by person who will attend the walk –
Please fill in ALL information on both pages; incomplete
application will be returned.



Walk to
Emmaus
THE UPPER ROOM

Name _____ As preferred on name tag _____

Address _____

Street

City

State

Zip + 4

Telephone [home] (____) _____ [work] (____) _____

E-mail: _____ Birth Date: ____/____/____

Male Female Clergy Lay Occupation _____

Marital Status: Married Single Widowed Divorced Separated Number of children _____

If married, has spouse attended a Walk? Yes No If no, has spouse registered for a Walk? Yes No

Church now attending: _____

Name

Denomination

City

State

Zip

Pastor's Name: _____ Phone _____

Emmaus is designed for Christians actively involved in a local church. Please list religious activities and/or community organizations in which you are or have been active:

Do you have a health problem, condition or special need could affect your attendance at a walk? Yes No If yes, please provide details (e.g. disability, food or other allergy, dietary restriction, medication(s), specific time(s) for medication and/or food, etc.):

Emergency Contact: _____ E-mail: _____

Emergency Contact Telephone [home] (____) _____ [work] (____) _____

Sponsor's Name: _____

Sponsor's Address: _____

Sponsor's Phone: (____) ____ - _____ Sponsor's E-mail: _____



NOTE: The Emmaus team cannot assume responsibility for providing medical personnel.

Has the Walk to Emmaus been explained to you? Yes No

Has the follow-up program of Emmaus groups and the post-walk meeting been explained to you? Yes No

State briefly why you wish to be involved in the Walk to Emmaus and what you expect from this weekend

PLEASE NOTE: Your cost for the Walk to Emmaus weekend is \$90.00. A deposit of \$30.00 is required to reserve your place. The deposit is nonrefundable and will be applied to your cost. **Please make checks payable to Mid-Michigan Emmaus Community.** Please return your application and deposit to your sponsor as soon as possible. Your sponsor is responsible for turning in your forms.

Applicant's Signature _____ Date _____

Sponsor sends completed forms to:

Lisa Ligalo
16081 W Clear Lake Road
Buchanan, MI 19107-9226
lisalagalo@gmail.com