

REYNOLDSBURG EMMAUS COMMUNITY SPONSOR FORM

Pilgrim's Name		
Sponsor's Name		
Home or Business Phone () Cell Phone () Do you have texting capability?		
Address		
City	State	Zip
Sponsor's e-mail (please <u>print</u> legibly)		
Sponsor's church		Attend regularly? When?
Are you in a reunion/share group?Do you receive community e-mails?		
Have you served as a sponsor before? Are you	ou willing to pray	and sacrifice for your pilgrim?
How long have you known the pilgrim?		
Why do you think this person would benefit from the Walk to Emmaus?		
Who will bring your pilgrim to the Emmaus Wee	 kend?	
Who will take your pilgrim home?		
Will you care for the special needs of the pilgrim's family during the Walk to Emmaus?		
Will you attend the Sponsor's Hour?		
Have you explained the Monthly Gatherings and Share Group?		
Will you accompany the pilgrim to the Monthly Gatherings?		
Do you understand the responsibility of assisting		
Please make any additional comments that may	be helpful	

THIS FORM AND THE PILGRIM REGISTRATION $\underline{MUST\ BE}$ RETURNED $\underline{TOGETHER}$ (WITH DEPOSIT) TO:

Reynoldsburg Emmaus Community Attn: Registrar (Men or Women's as appropriate) 1636 Graham Road Reynoldsburg, OH 43068