

Walk to Emmaus Pilgrim Sponsor Information

Pilgrim Name: First _____ Middle _____ Last _____

Sponsor Name: First _____ Middle _____ Last _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Email _____

When and where did you make your Walk/Cursillo? _____

Are you in a reunion group? Yes/No If No, may we help you find a group? Yes/ No

Do you receive the Billings Emmaus Newsletter? Yes /No If not, would you like to? Yes /No

If you wish to receive a newsletter you must have an email address above.

Relationship to pilgrim: _____

How long have you known him/her? _____

Why is this person a good pilgrim? _____

How will you support your pilgrim in his/her 4th day? _____

If the pilgrim is married, how have you discussed the Walk to Emmaus with the spouse? _____

All applications are reviewed by a Pre-Walk committee. Please add any additional information you

believe will be helpful: _____

I have prayed about this pilgrim attending the Walk to Emmaus. I have read and understand the responsibilities of a Sponsor's Covenant and pledge that, with Christ's help, I will do my best to meet them.

Sponsor signature _____ Date _____

Mail completed application to:

Walk to Emmaus Registrar, PO Box 1975, Billings, Montana 59103