

LowCountry Walk to Emmaus

Request for Reservations

Part 2: (To be completed by the Sponsor)

Sponsor's Name: _____ E-Mail: _____

Address _____ Phone: (____) _____

City _____ State _____ Zip _____

With which Community did you make your weekend? _____

Location of Community: _____ Weekend #: _____

Church now attending: _____ Denomination: _____

Do you attend regularly? _____ Are you in a Reunion Group? _____

Name of Reunion Group: _____ How often do you meet? _____

Do you regularly participate in monthly Gatherings? _____

How many Pilgrims have you sponsored? _____ On this Walk? _____

Regarding this Pilgrim:

How long have you known the Pilgrim? _____

Is the Pilgrim actively participating in their local church congregation? _____

Do they have physical and mental health necessary for the 72-hour weekend? _____

If you answered "No", please explain: _____

Have you discussed the *Walk to Emmaus* with their spouse? _____

Will their spouse be attending this series of *Walks* or have they already attended? _____

(Please note: If their spouse will not be attending during THIS series of *Walks* and has not already attended a weekend, please include their letter of explanation along with a letter of support for their participation from their pastor.)

Will you: Bring the Pilgrim to Send-Off and stay for Sponsor's Hour? _____

Attend the Candlelight Service? _____

Attend The Closing? _____

Help the Pilgrim to find a Reunion Group? _____

Bring the Pilgrim to the 4th Day Event after the Weekend? _____

Can you care for the needs of the Pilgrim's family during the Weekend? _____

Why do you feel that this person would be a good Pilgrim?

Signature: _____ Date: _____

(Sponsor, please have the Pilgrim fill in Part 1, then return the completed application and deposit to:

Lowcountry Emmaus

P.O. Box 51828

Summerville, SC 29485-1828