

# GREAT PLAINS EMMAUS

## Sponsor Sheet

Walk Number: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out this form with both the sponsor's information as well as the candidate's application, and send to one of the addresses listed at the bottom. It is important that **YOU** take care of the process.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Name of Church You Attend: \_\_\_\_\_ Denomination: \_\_\_\_\_

Where did you go on your walk? \_\_\_\_\_ When? \_\_\_\_\_

- Are you in a Reunion Group currently? ( ) Yes ( ) No Name: \_\_\_\_\_
- Have you sponsored anyone this year? ( ) Yes ( ) No
- Have you sponsored anyone before? ( ) Yes ( ) No
- Are you praying and sacrificing for your candidate? ( ) Yes ( ) No
- Are you helping your candidate's spouse? ( ) Yes ( ) No
- Will you be there for your candidate during the Walk? ( ) Yes ( ) No

Why do you feel this person would be a good candidate for Emmaus? \_\_\_\_\_

The candidate ( is / is not ) physically able to participate in the Emmaus Weekend.

The candidate ( is / is not ) mentally able to participate in the Emmaus Weekend.

The candidate ( is / is not ) under temporary emotional strain that might indicate his/her weekend should be postponed.

Specify any special needs your candidate may have: \_\_\_\_\_

Have you talked with your candidate and spouse (if applicable) about Emmaus? ( ) Yes ( ) No

Are you prepared to sacrifice by transporting your candidate to/from the walk and further supporting them by attending?

( ) Sponsor's Hour ( ) Saturday Night Candlelight ( ) Closing Service

Will you bring your candidate to the post Emmaus meeting? ( ) Yes ( ) No

Do you understand the importance of maintaining minimal contact with your candidate during the weekend? ( ) Yes ( ) No

Is there anything else about your candidate you would like to share or is important for us to know? \_\_\_\_\_

When and where did you attend Sponsor's Training? \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Upon acceptance, you and your candidate will be notified in writing. Mail completed application to:

<b>For a Men's Walk</b> Mark Kent 120 Ruskin Place Chickasha, OK 73018
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<b>For a Women's Walk</b> Amanda Slate 2006 Meadowview Dr. Duncan, OK 73533
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