SPONSOR'S COVENANT

Emmaus of the Midlands

CANDIDATE

1. Candidate's Name

SPONSOR INFORMATION

2. Name

3. Community **Walk #**

4. Street Address

5. City **State** SC **ZIP**

6. Phone (H)

7. Phone (W)

8. E-mail

9. Church

10. How long have you known the candidate?

CANDIDATE READINESS

11. Does the candidate have the physical health to fully participate? Yes No

If No, please explain:

12. Why do you feel this person is a good candidate for Emmaus?

SPONSOR'S COVENANT

Emmaus of the Midlands

SPONSOR COMMITMENT

13. Are you prepared to support your candidate by participating in all weekend activities? ○ Yes ○ No

If No, please explain:

14. Have you ever sponsored a Pilgrim before? ○ Yes ○ No

If No, have you attended a sponsorship seminar? ○ Yes ○ No

15. Do you understand that no individual agape will be delivered to the candidate? ○ Yes ○ No

CANDIDATE SPOUSE

16. If married, has the candidate's spouse attended a Walk to Emmaus? ○ Yes ○ No

If Yes, Walk Number:

17. If No, what is the intent of the spouse?

ACKNOWLEDGMENT

I understand the importance of faithfulness to my candidate during the weekend. I will continue my support for the candidate after the weekend with follow-ups.

18. Today's Date **Signature**

Sponsor: Applications without deposits will not be processed.
Send this application with $50 deposit to Emmaus of the Midlands, P.O. Box 85, Lexington, SC 29071
Email: info@midlandsemmaus.com

FOR COMPLETION BY EMMAUS REGISTRAR

Date received **Check #** **Amount** **Purpose**