



# East Central Indiana Emmaus / Chrysalis Community, Inc.

## Emmaus Application and Sponsor Form

Please complete all the information below so we can better meet your needs on the *Walk to Emmaus* weekend.

Date of Application \_\_\_\_\_ ( Men's Women's ) Walk # \_\_\_\_\_ Walk Date \_\_\_\_\_

Name \_\_\_\_\_ Preferred Name for Name Tag \_\_\_\_\_

Address \_\_\_\_\_ City, State ZIP \_\_\_\_\_

Phone \_\_\_\_\_ (Circle Home or Cell) Email Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Your Age: \_\_\_\_\_

Married \_\_\_\_\_ Anniversary \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ # of Children \_\_\_\_\_

Your Present Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Name of Church You Attend \_\_\_\_\_ City \_\_\_\_\_

Name of Your Pastor \_\_\_\_\_

In what religious or community organizations are you active? \_\_\_\_\_

Has the *Walk to Emmaus* been adequately explained to you? ( Yes No )

Please list any health-related dietary **requirements** or food allergies

\_\_\_\_\_

Do you have any health or physical handicap which will require special facilities? If yes, explain \_\_\_\_\_

\_\_\_\_\_

The *Emmaus* Walk is a blessing when both spouses attend. If you are married, has your spouse attended an *Emmaus* Walk? ( Yes No )

If not, is s/he open to attending a *Walk to Emmaus*? \_\_\_\_\_

State briefly why you wish to be involved in *Emmaus* and what you expect from it: \_\_\_\_\_

\_\_\_\_\_

Sponsor's Name \_\_\_\_\_

I give permission for ECI Emmaus to publish my name, sponsor's name, and church affiliation in its newsletter and postings on its website.  
( Yes No )

Your Signature \_\_\_\_\_

Please return this application to the sponsor along with a **non-refundable \$50.00** deposit to be applied to the total fee of **\$150.00**. *The balance is payable fourteen days before the start date of the Walk.* Make checks payable to *East Central Indiana Emmaus / Chrysalis Community, Inc.* You will be notified of your acceptance and the dates and location of your *Walk*.



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## Emmaus Application and Sponsor Form

**TO BE COMPLETED BY SPONSOR**

Pilgrim's Name \_\_\_\_\_ Phone \_\_\_\_\_

Sponsor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Church you attend \_\_\_\_\_ Walk you attended \_\_\_\_\_

Are you in a Reunion Group? ( Yes No ) Do you attend gatherings? ( Yes No )

Have you been a sponsor before? ( Yes No )

Do you understand the sponsor's responsibilities? ( Yes No )

Do you pledge to fulfill your responsibilities as a sponsor? ( Yes No )

How long have you known the Pilgrim? \_\_\_\_\_

Have you explained Emmaus including the Walk, reunion groups & gatherings to your pilgrim? ( Yes No )

Have you personally invited his / her spouse to attend the Walk to Emmaus? ( Yes No Not Married )

Why do you think this person would benefit from the Walk to Emmaus? \_\_\_\_\_

Please make any additional comments you believe may be helpful or that should be brought to the attention of the Spiritual Director (including physical or mental health concerns)

Payment will be made by Pilgrim or Sponsor? \_\_\_\_\_

I give permission for ECI Emmaus to publish my name as a sponsor in its newsletter and postings on its website. ( Yes No )

Sponsoring a pilgrim is both a joy and a responsibility. Remember that the Walk to Emmaus is not structured to solve deep-seated problems. It is designed to provide those attending a deeper understanding of what it means to be a disciple of Jesus Christ.

Some of the responsibilities for the sponsor are:

- praying and sacrificing for your pilgrim
- attending the Sponsor's Ceremony and Closing
- bringing your pilgrim to the Walk and taking them home on Sunday (or making those arrangements)
- taking care of special needs of the pilgrim's family during the weekend
- explaining the Gatherings and Reunion Group
- accompanying the pilgrim to his or her first monthly Gathering
- assisting your pilgrim in finding a share group

Sponsor's \_\_\_\_\_

Signature \_\_\_\_\_

Please return this form with the Pilgrims completed application and \$50 non-refundable deposit to name and address below. Make checks payable to: *East Central Indiana Emmaus / Chrysalis Community, Inc.*

For Community Use Only  
 Application Received \_\_\_\_\_ Copy to Lay Director \_\_\_\_\_  
 Deposit Fee \_\_\_\_\_ Reg Fee \_\_\_\_\_ Pilgrim Letter \_\_\_\_\_ Sponsor Letter \_\_\_\_\_ Pilgrim Roster \_\_\_\_\_ Fee List \_\_\_\_\_  
 Check # \_\_\_\_\_ from \_\_\_\_\_ amount \_\_\_\_\_ Date Received \_\_\_\_\_ Date to Treasurer \_\_\_\_\_  
 Check # \_\_\_\_\_ from \_\_\_\_\_ amount \_\_\_\_\_ Date Received \_\_\_\_\_ Date to Treasurer \_\_\_\_\_

East Central Indiana Emmaus / Chrysalis Community, Inc.  
 Attn: Registrar  
 PO Box 2004  
 Muncie, IN 47307-0004

