

GREAT RIVERS EMMAUS SPONSORS FORM

Husband and wife applications should be submitted at the same time. Any exceptions will be at the discretion of the Registrar Committee. Spiritual Director, and/or Community Lay Director.

Deposit Received _____

Return to: GRE Registrar

Mary Gillingham 316 N. Williams St. Colchester, Il. 62326

gillinghambm@yahoo.com 309-255-2038 309-776-3155

To be completed by sponsor Quincy Great River Application

(Duplicate as needed)

Circle Below Where Applicable

Sponsor's Name _____ Address _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

Name of church now attending: _____

Do you attend regularly? Yes No When did you make your Emmaus/Cursillo/Chrysalis Walk? _____

Where: _____ Emmaus/Cursillo/Chrysalis Number _____

Have you been a sponsor before? Yes No If yes, when: _____

Are you now in a weekly Reunion Group? Yes No Are you praying and sacrificing for your candidate? Yes No

Candidate's Name _____

Why do you feel this person would be a good Candidate? _____

Does the Candidate have the physical, emotional & mental health needed for an Emmaus weekend? Yes No

Is your Candidate under any temporary emotional strain that might indicate their weekend would/should be postponed? Yes No

Is your Candidate married? Yes No Do they both plan on attending Walk to Emmaus? Yes No

If not, is there a Medical Reason? Yes No Other Reason: _____

Will you bring your Candidate to the Emmaus site on Thursday Night? Yes No Someone else will? Yes No

Can you care for the needs of your candidate's spouse/family over the weekend? Yes No

Are you aware of the importance of minimal or no contact with the candidate during the weekend, especially if the candidate is your spouse? Yes No

Does your candidate need a scholarship from the Great River Emmaus? Yes No If yes, why are you requesting a \$75.00 scholarship? (total cost of the weekend is \$150.00)

Are you willing to assist your candidate in getting into a Weekly Reunion Group? Yes No

Sponsor's Signature _____ Date: _____

A non-refundable deposit of \$25.00 is required by you or your Candidate to be applied to the total cost of \$150.00

-----THIS APPLICATION WILL BE HELD IN STRICT CONFIDENTIALITY -----