Central Mississippi Walk to Emmaus Pilgrim/Sponsor Application This form can also be submitted online.



Candidate's Name:	Email:	Email:	
Address:		Phone:	
Walk Request: February Men	February Women April Men:	April Women:	
July Women:	October Men: October Women:	:	
Name Tag:	Date of Birth:	# of Children	
Church now attending	Pasto	Pastor:	
MarriedSingleDivor	rcedWidowedSeparated	MaleFemale	
If Married has spouse been on Wa	alk to Emmaus? YesNo App	olied for Walk? YesNo	
Has the Walk to Emmaus, follow-u	up program of Emmaus groups and post En	nmaus meetings been explained	
In what religious or community or	rganizations are you active?		
Are you on a special diet? Yes	NoIf yes, what:		
	physical handicap that may affect your atte		
State briefly why you wish to be in	nvolved in the Emmaus community and wh	nat you expect from it:	
Emergency Contact:	Phone #:		
NO CAMERAS OR CELL PHONES A	ALLLOWED DURING YOUR 72 HOUR WALK	<u>.</u>	
Sponsor Name	Phone #	Original Walk#	
Address:	En	Email:	
Do you know the responsibilities o	of a sponsor and are you willing to be a re	sponsible sponsor? YesNo	
Please mail completed form with	a \$25.00 deposit to:		
	Suzette B. Bettencourt		
	500 White Wolf Drive		
	Vicksburg, MS 39183-9202		

This deposit is non-refundable. Make check payable to: Central MS Emmaus Community.

601-831-2559 - sbbetten@bellsouth.net