Central Mississippi Walk to Emmaus Pilgrim/Sponsor Application

This form can also be completed online at centralmsemmaus.com



Candidate's Name:	Email:				
Address:	Phone:				
Walk Request: February Men	February Women	bruary Women April Men:		_April Women:	
July Women:	October Men:	October	Women:		
Name On Name Tag:	Date	Date of Birth:# of Children		ren	
Church now attending		Pastor:			
MarriedSingleDivorc	edWidowed	Separated_	MaleFo	emale	
If Married, has spouse been on Wal					
Has the Walk to Emmaus, follow-up to you?			_	n explained	
In what religious or community org	anizations are you act	ive?			
Are you on a special diet? Yes	NoIf yes, wha	at:			
Do you have a health problem or pl YesNoIf yes, please s					
State briefly why you wish to be inv	rolved in the Emmaus	community and	what you expect from it	::	
Emergency Contact:	Phone #:				
PLEASE DO NOT BRING YOUR CELL	PHONE TO YOUR 72 H	OUR WALK WE	EKEND.		
Sponsor Name	Phone	Phone #Original Walk #			
Address:			_Email:		
Do you know the responsibilities of	a sponsor and are you	u willing to be a r	responsible sponsor? Yo	esNo	
Please mail completed form with a	\$25.00 deposit to:				
	Ed Simn 306 Hunte				

edsimmo@gmail.com

Ridgeland, MS 39157