SUPERIORLAND EMMAUS COMMUNITY

Fall 2023 WALKS AT

Camp Michigamme SPONSOR INFORMATION

(To be filled out by sponsor and returned with the candidate's application and deposit)

Candidate Name:				
Sponsor Name:				
Sponsor's Mailing Address :				
		(City)	(State)	(Zip)
Sponsor's phone (home):(work	E):	(cell):	E-N	Iail:
Sponsor's Place of Worship :				
Where did you make your walk to Emmaus?				
Are you praying for your candidate?				
Why do you feel this person would be a good cand	idate?			
Does your candidate have any special needs? If yes, please contact the Lay Director. Thank You		No		
If your Candidate is married, have you discussed the	e Walk to E	mmaus with his/her	spouse?	Have you
encouraged the spouse to attend the corresponding	weekend? _	Will you as	sist your Candidat	e in joining an
Emmaus Group? Will you bring your Ca	ndidate to th	ne weekend site?	Can you c	are for the needs of
the Candidate's family over the weekend?	Are you av	vare of the important	ce of minimal cont	act with your
Candidate during the weekend, especially if the Ca	ndidate is yo	our spouse?		
Sponsor: Please make sure that you have f	ully compl	eted this form an	d all questions	are answered
before mailing it, along with the completed	d candidate	e application and	deposit, to the	egistrar.
As a sponsor, I understand ALL of MY responsibil following the Walk.	ities and will	l prayerfully work to	comply with then	n prior to, during and
Signed:		Date: _		
	Spons	sor		

DEADLINE FOR APPLICATION IS TWO (2) WEEKS PRIOR TO THE WALK

Registrar:""""Sara Wiedenhoefer
Chair, Team Selection Committee
3632 Fahlstedt Rd.
Skandia, MI 49885

906-942-7840 or 906-458-4422 sara.wied28@gmail.com

PRAY FOR YOUR CANDIDATE!