

PIEDMONT JOURNEY APPLICATION

Applicants **MUST** be between the ages of 18-24.

Boy's Date: _____ Girl's Date: _____

TO BE COMPLETED BY PARTICIPANT (please print) Date completed: _____

Full Name: _____ Name you wish to be called: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home phone number (with area code): _____ Email: _____

Participant Cell Phone Number (with area code): _____

Age: _____ Birth date: _____ College: _____ Current Class: _____

Church: _____ T-Shirt Size (circle one) S M L XL XXL

Are you on a special diet? _____ No _____ Yes If yes, please explain so we may meet your needs: _____

Church, School and Community Activities: _____

Has Journey been explained to you? _____ Yes _____ No The Follow-up Hoot? _____ Yes _____ No

State briefly why you wish to participate in Journey and what you expect from it:

Insurance Company (address and phone number): _____

I am on the following medication(s) and need to know the appropriate time to take them (with dose and time) _____

Possible medical concerns: _____

I am allergic to: _____

Please include pre-registration deposit of \$35 with this application. This will be applied toward your contribution of \$100 which partially offsets the expenses of your Journey Flight. This deposit is not refundable. If the Flight is full then we will carry your name over to the next Flight or write you a refund check. Make your check payable to Piedmont Chrysalis.

Participant's Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION (please print)

Emergency contact name: _____

Phone numbers: _____

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Please return to: Joy Cranfill

phone: 336-501-0785

Journey Registration

5200 Strasburg Ct.

email: Joy.Cranfill@RescoProducts.com

Greensboro, NC 27407

TO BE COMPLETED BY SPONSOR:

Name: _____ Church: _____

Address: _____ Home phone: _____

City: _____ Work phone: _____

State: _____ Zip: _____ Email: _____

Where and When did you attend Cursillo/Emmaus/Chrysalis/Journey? _____

Are you in a reunion group? _____ Have you been a sponsor before? _____

Why do you think this youth would benefit from Journey? _____

Preparation

Are you willing to pray and sacrifice for your candidate? _____

Service

Will you be responsible for getting your candidate to Journey? _____

Will you be responsible for getting your candidate home? _____

Support

Are you aware of the importance of minimal contact with your
Candidate during the Journey flight? _____

Fellowship

Have you explained the Hoots, Gatherings and Reunion Groups? _____

Will you accompany your candidate to the Hoots and/or Gatherings? _____

Do you understand the responsibility of assisting your candidate in
finding a Reunion Group? _____

**Does your candidate have a physical or mental concern that should be brought to the
attention of the Directors? _____ If so, briefly explain: _____**

Please make any additional comments you believe may be helpful: _____

