

# 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 RUSH? \_\_\_\_\_ 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 \$50 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: \_\_\_\_\_

# PIEDMONT JOURNEY APPLICATION

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

Please return to: Joy Cranfill  
Journey Registration  
5200 Strasburg Ct.  
Greensboro, NC 27407

phone: 336-501-0785

email: [joycranfill@gmail.com](mailto:joycranfill@gmail.com)

## 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 RUSH, Gatherings and Reunion Groups? \_\_\_\_\_

Will you accompany your candidate to the RUSH 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_