

# Journey Application Form

Journeys are for College Aged Young Adults around the Ages 18 to 24.

This is a **TWO** page application. **Page 1** should be completed by the participant. **Page 2** should be completed by the sponsor. When both pages are completely filled out, the sponsor (not the participant) should mailed it to the registrar.

The sponsor should notify the registrar immediately if a participant is unable to attend the weekend after submitting the application.

**Deadline for Applications:** The Monday prior to the Start of the Flight

Weekend Dates: \_\_\_\_\_

Name: \_\_\_\_\_

**MALE FEMALE** Date of Birth: \_\_\_\_\_

Name for Name Tag (if Different): \_\_\_\_\_ Age: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Address (if Different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Name of Church now Attending: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Has Your Pastor Attended Chrysalis or Emmaus: **YES NO**

If in School, Name of School: \_\_\_\_\_ Year: **FR SO JR SR**

Are you on special medication or do you have a special diet (Including Vegetarian & Food Allergies)? **YES NO**

If yes, please explain: \_\_\_\_\_

Do you have any health problems or physical handicaps that may affect you during the weekend? **YES NO**

If yes, please explain: \_\_\_\_\_

Have the Chrysalis Flight & Follow-Up programs been explained to you? **YES NO**

State briefly why you wish to participate in a Chrysalis weekend, and what you would like to receive from attending:

**COVENANT OF CONDUCT: All participants are asked to comply with the following:**

- Please leave all cell phones, watches, and electronic devices at home.
- No alcohol
- No illegal drugs
- No willful destruction or abuse of property
- No smoking/ tobacco outside designated areas

I, \_\_\_\_\_, intend to participate in the Mountain Top Chrysalis Journey weekend. I promise that I will come to the Chrysalis Journey with a spirit of cooperation and abide by the rules and policies. I understand that violation of any rules can result in being sent home. In the event of an emergency and my emergency contacts cannot be reached by phone, the Chrysalis staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my well-being. I will not hold Truett Baptist Camp, The Upper Room, or the Mountain Top Chrysalis Board responsible for any accident / emergency in which I may be involved in.

*North Carolina consumption laws for tobacco products say: For any person under the legal age of 18 years old in the state of North Carolina the use of tobacco products is a misdemeanor crime. The Mountain Top Chrysalis Board will obey and observe the law of the land. The use of cigarettes and smokeless tobacco products will not be allowed if you are under the age of 18.*

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

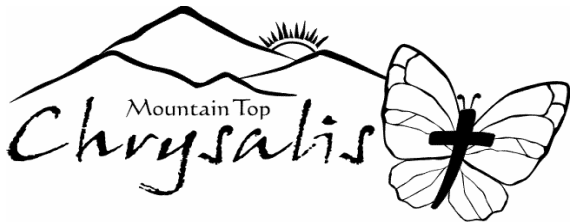
**Insurance Information, if available:**

Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_ Member Identification Number: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_



# Sponsor Form

~ TO BE COMPLETED BY THE SPONSOR ~

This is a **TWO** page application. **Page 1** should be completed by the participant. **Page 2** should be completed by the sponsor. When both pages are completely filled out, the sponsor should mailed it to the registrar.

The sponsor should notify the registrar immediately if a participant is unable to attend the weekend after submitting the application.

**Deadline for Applications:** The Monday prior to the start of the Flight

Participant's Name: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

What 4Day Retreat did you attend (Circle): **FLIGHT** **JOURNEY** **WALK** **OTHER** (Please Specify): \_\_\_\_\_

Community Name of Retreat Attended: \_\_\_\_\_ Date Attended: \_\_\_\_\_

Name of Chrysalis / Emmaus Reunion Group (If Attending): \_\_\_\_\_

Are you interested in joining the Chrysalis Google Email Group: **YES** **NO**

How long have you known your Caterpillar? \_\_\_\_\_

Why do you feel that this person would be a good candidate? \_\_\_\_\_

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

- |  |            |           |
|--|------------|-----------|
| Are you willing to assist your caterpillar in finding a reunion group? | <b>YES</b> | <b>NO</b> |
| Will you bring your caterpillar to registration?                       | <b>YES</b> | <b>NO</b> |
| Will you be attending & participating in Sendoff & Sponsor's Hour?     | <b>YES</b> | <b>NO</b> |
| Will you be attending & participating in Candlelight?                  | <b>YES</b> | <b>NO</b> |
| Will you be attending & participating in Closing?                      | <b>YES</b> | <b>NO</b> |
| Will you & your caterpillar be able to attend Follow-Up                | <b>YES</b> | <b>NO</b> |
| Have you explained the Chrysalis weekend to your Caterpillar?          | <b>YES</b> | <b>NO</b> |

### Caterpillar Fee: \$90.00

\*\*\* Please include the minimum registration fee of \$30.00 with the application. The remaining \$60.00 will be due upon arrival at the camp. Money should never be a reason for a person to not attend. If you are in need of financial assistance, please fill out the Scholarship Request form which is available on our website and mail to the registrar with this application. All Scholarship requests are kept highly confidential.

\*\*\* You (the Sponsor) will receive a letter confirming the receipt of this application and acceptance for the requested weekend.

### MAIL TO:

MOUNTAIN TOP CHRYSALIS  
ATTN: REGISTRAR  
PO BOX 1096  
BRYSON CITY, NC 28713

Questions?? Call or Email:

Stacey Posey: • (828) 557-0966 (Cell) • [mountaintopchrysalis@gmail.com](mailto:mountaintopchrysalis@gmail.com)

Or you can visit us on the web at: [www.mountaintopchrysalis.org](http://www.mountaintopchrysalis.org).