



The Southwest Virginia Emmaus Community
 Application to Attend a Journey Weekend
 (To Be Completed by the Applicant)



Full Name _____ Name You Wish to Be Called _____

Address _____
Street City State Zip Code

Home Phone (____) _____ Work Phone (____) _____ E-mail _____

Gender _____ Date of Birth _____ Age _____ Marital Status _____

Employer/School You Attend _____

What church do you attend? _____
Name/Denomination of Church Name of Minister

Church, School, Community Activities

Has Journey been explained to you? _____ The follow-up? _____

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

Please include a pre-registration deposit of \$35.00. This will be applied toward the total expense of your Journey flight. The deposit is not refundable unless registration is full.

Make your check payable to Southwest Virginia Chrysalis.

Signature _____ Date _____

Please list any special diets, allergies, medical problems, medications being taken, or any other pertinent information:



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Sponsor's Name _____ Caterpillar's Name _____

Address _____
Street City State Zip Code

Home Phone (____) _____ Work Phone (____) _____ E-mail _____

What church do you attend? _____
Name/Denomination of Church

Where and when did YOU attend Emmaus/Chrysalis/Journey? _____

Why do you think this young adult 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? _____

Will you be responsible for the tuition payment? _____

Fellowship:

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

Will you accompany your candidate to the HOOTS and Gatherings? _____

Do you understand the responsibility of assisting your candidate in finding a reunion group? _____

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

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

Sponsor Signature _____ Date _____

Once both pages have been completed, please mail them to:

Westleyan Killian, Registrar
 66 Scarlet Drive
 Daleville, Virginia 24083
 Phone: (540) 992-1465