

GREAT SMOKY MOUNTAINS JOURNEY APPLICATION

This is an application only. ALL information on this application must be completed for its consideration of acceptance. Both sides need to be completed. Receipt of this application is not a guarantee of the candidate being able to attend the weekend.

APPLICANT INFORMATION

PLEASE PRINT LEGIBLY

Name: _____ First Name as you wish it to appear on your name tag: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Sex: Male Female

Birth date: ____ / ____ / ____ Age: _____

Note: Journey is for candidates between the ages of 19 and 24 years of age.

School you attend: _____ Grade: _____ At beginning of school yr. ____ / ____

Name of church now attending: _____ City/State: _____

What activities and/or leadership opportunities are you involved in at your Church and/or school? _____

Has the Journey Weekend been explained to you? Yes No

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

Signature: _____ Date: ____ / ____ / ____

Important note to candidates: Please notify your sponsor immediately if you cannot attend the

MEDICAL INFORMATION

In order to make the weekend as pleasant an experience as possible, we need the following information. Also adults will be available during the weekend to help administer medication.

Yes No Will you be taking medication during the weekend? _____

If yes, dispensing requirements:

Yes No

comfortable? If yes, what?

DIRECTIONS FOR COMPLETION OF THE APPLICATION

Complete the application and return to your sponsor along with your \$60 registration fee. The sponsor should then mail the application, registration fee (\$60), the sponsor application, and sponsor's fee (\$40) to the address listed below:

Mail to: Great Smoky Mountain Journey Community
Attn: Registrar
PO Box 52032, Knoxville, TN 37950

GREAT SMOKY MOUNTAINS JOURNEY SPONSOR APPLICATION

This form is to be completed by the sponsor.

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ E-mail: _____
Name of church now attending: _____ City/State: _____
Location/Date of your Emmaus/Journey/Chrysalis/Cursillo Walk: _____
Are you actively involved in a Reunion Group now? _____
Have you sponsored a Chrysalis, Journey or Emmaus Candidate before? Yes No
Have you prayerfully considered your sponsorship role for this Candidate? Yes No
Will you continue to pray for your candidate? Yes No
How long have you known the candidate? _____
Why do you feel the Journey Weekend would be appropriate for the your candidate? _____

Does your candidate need a Journey Weekend Scholarship? Yes No
If so, for what amount? _____

Duties of a Sponsor

Are you willing to assist in getting your candidate active in or start a Reunion Group after the Weekend? Yes No
Have you explained the post-weekend Reunion Group and Gathering activities to your candidate? Yes No
Have you read the sponsor guidelines found in the "Fourth Days" or "Next Steps" books? Yes No
Will you bring your candidate to the Journey Send-Off? Yes No
Will you attend Sponsor's Hour? Yes No
Will you attend Candlelight? Yes No
Will you attend Closing? Yes No
Will you bring your candidate home after the Journey Closing? Yes No
Are you aware of the minimal contact rule with your candidate during the weekend? Yes No
Are the Sponsor's and Candidate's Fees enclosed? Yes No
Will you bring the candidate to fourth day activities? Yes No
Have you explained the availability of a book table? Yes No

If you have marked 'No' on any questions in the Duties of a Sponsor section above, please list who you have arranged to complete these duties for you: _____ Phone: _____

Important note to Sponsors: Please notify the registrar immediately if your candidate cannot attend the flight, as there may be other youth on a waiting list who may be able to take the available spot.

Journey is a method of Christian renewal in the church, whose purpose is to support the church's effort to guide the spiritual formation of Christian young people. It is not a time to help them through an unsettling event in their lives, nor is it a time to help them make a salvation decision. Applicants attending Journey should be currently active in their local church, and have a desire their faith and become closer to Jesus Christ.

Sponsor's Signature: _____ Date: _____

Directions: The sponsor should complete this application. Then should send this application, the completed candidate application, and all fees (\$60 candidate and \$40 sponsor fee) to the address below.

Mail to: **Great Smoky Mountain Journey Community**
Attn: Registrar
P.O. Box 52032
Knoxville, TN 37950

QUESTIONS????
Check out www.gsmchrysalis.org
for Registrar's email address

For use by Registrar Only

Date application received: _____

Sponsor's Fee Check #: _____ Amount: _____ Date: _____ By: _____

Caterpillar's Fee Check #: _____ Amount: _____ Date: _____ By: _____