



JOURNEY
TO THE TABLE
THE UPPER ROOM®

APPLICANT INFORMATION

[Print Legibly]

First Name: _____ Last Name: _____ MI: _____

Name you go by: _____ Male ___ Female ___

Age: _____ Birthdate: _____ Phone (w/area code): _____

Address: _____ City, State: _____

Zip: _____ School Now Attending (if none write NA): _____

Current/Completed Grade: _____ School Activities: _____

_____.

Applicant's Signature: _____ Today's Date: _____

You will be contacted with all necessary information by email to prepare for the event. Print your email & a parent/legal guardian email address legibly for future communication. Thanks!

Email (print): _____

Parent/Guardian Email (print): _____

Preparatory Questions

Has Chrysalis been explained to you? ___ Yes ___ No

Has Chrysalis been explained to your Parents/Guardians? ___ Yes ___ No

Have the follow-up gatherings been explained to you? ___ Yes ___ No

State briefly why you wish to participate in Chrysalis and what you hope to gain from this experience: _____.

Pastoral Information

Name of Church: _____ Pastor/Campus Minister: _____

Church or Community Activities (of applicant): _____

Pastor's/Minister's Signature: _____ Phone (w/area code): _____

Health and Medical Information

List allergies, current medications, medical concerns, or other pertinent information: _____

Dietary Needs: ___Vegetarian ___Gluten Free ___Diabetic

Consent

[17 or younger needs parent or guardian signature. 18 or older may sign for self.]

_____ has my permission to attend the Chrysalis event. In the event of an emergency and I/we cannot be reached by phone, the Chrysalis staff has my/our permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my/our child's well-being. I/We further do hereby release and discharge Chrysalis, it's Board and members from any and all liability from illness, injuries, and damages that may arise out of or resulting from my child's participation in or traveling to or from this event.

-[Print legibly and sign]-

Parent/Guardian Name (print): _____ Phone (w/area code): _____

Emergency Contact Name (print): _____ Phone (w/area code): _____

Parent or Guardian Signature: _____

REMINDER: Check your email frequently for your acceptance letter and further information. Contact your sponsor for any questions or concerns. God bless you and we look forward to loving and serving you soon!



SPONSOR INFORMATION

Sponsor's Name: _____ Applicant's Name: _____

Phone (w/area code): _____ Street Address: _____

City, State: _____ Zip: _____ Church: _____

Attend Regularly: _____ In a reunion group? _____ Email: _____

When/Where did you attend Chrysalis/Emmaus? _____.

Sponsor Responsibilities

1. Have you fully explained Chrysalis to your applicant? ___Yes ___No
2. Have you fully explained Chrysalis to his/her parents or guardian? ___Yes ___No
3. Will you assist your applicant in joining or establishing a reunion group? ___Yes ___No
4. Will you pray and sacrifice for your applicant? ___Yes ___No
5. Will you encourage volunteers to sign up for the 72-hour prayer vigil? ___Yes ___No
6. Will you bring your applicant to Send-Off? ___Yes ___No
7. Will you attend the Sponsor's Hour, Candlelight, and Closing? ___Yes ___No
8. Will you bring your applicant to the follow-up/4th day meeting? ___Yes ___No
9. Follow up with your applicant after the event occurrences? ___Yes ___No
10. Will you bring your applicant to the Chrysalis/Emmaus Gatherings? ___Yes ___No
11. Does your applicant have the physical/mental health needed to attend? ___Yes ___No
12. Have the parents/guardians of your applicant been in Emmaus/Chrysalis? ___Yes ___No
13. Have you payed the \$60 sponsor's (and/or team fee if on team) ___Yes ___No

Special Needs of Applicant

If you are UNABLE to fulfill ANY ONE of the sponsor responsibilities listed above please arrange for a co-sponsor to fulfill your duties.

Name of Co-Sponsor: _____ Phone (w/area code): _____

Are there any additional circumstances concerning this applicant of which the Chrysalis team should be aware? _____.

Sponsor Reminder: I understand that Chrysalis 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.
- A time to help them make a salvation decision.

Applicants attending Chrysalis should be:

- Currently active in their local church.
- Have a desire in their faith to become closer to Jesus Christ.

If you have questions regarding your applicant or the event, please contact the Chrysalis Board.

Sponsor's Signature: _____ Date: _____

Last thing!

Please bring this application, completed, along with your applicant fee (\$40) and sponsorship fee (\$60) to the designated board member responsible. [Make checks payable to GSMCC.]

If unable to complete by these means, please send in application by email, mail, or fax.

Attn: Registrar PO Box 53194, Knoxville, TN 37950-3193

Fax: 865-688-5300 Email: hhprwp@comcast.net

Office Use Only

___ Received Both Fees Chrysalis Participant _____ Journey Participant _____

___ Caterpillar/Parent Letter Sent Sponsor Letter Sent _____ ___ Special Diet Needs

Date App Received _____ Date App Reviewed/Accepted _____ Date of Flight _____