



DATE RECEIVED: _____

DEPOSIT: _____

CHECK NO: _____

YOUNG ADULT JOURNEY

Young Adult Walk to Emmaus

Hoosier Hills Chrysalis Community

Young Adult Journey is open to Never Married Post High School

Applicants from the age of 19 through 24

Will the **Applicant** please **print** and **answer all questions** so your needs will be met while you are on the Walk.

NAME: _____ NAME TAG: _____

E-MAIL ADDRESS _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AREA/PHONE: _____ BIRTH DATE: _____ AGE: _____

MALE / FEMALE (Circle One) CURRENT SCHOOL/COLLEGE (if any) _____

Name and denomination of our Church: _____

Pastor's Name: _____

Pastor's Address: _____

What School, Religious, or Community Organizations are you active in? _____

Are you on a special diet for medical reasons? (If yes, explain): _____

Are you on special medication? (If yes, explain): _____

Do you have any health or physical handicaps that will require special facilities? (Please explain): _____

State briefly why you wish to be involved in Chrysalis and what you expect from it? _____

+++++++ **PLEASE NOTE AND SIGN AS INDICATED** +++++++

Please enclose a deposit of \$20 (or the entire amount) to be applied toward the Flight fee of \$100. Make checks payable to HOOSIER HILLS CHRYSALIS COMMUNITY. You will be notified of your acceptance and the dates and location of your walk. If you are unable to go when your names comes up, your name will go back to the top of the list for the next available walk. After declining a walk date twice, your \$20 deposit will be forfeited and you will have to submit a new application.

After completing the above section, please give this form to your SPONSOR from Emmaus or Chrysalis. Your Sponsor will serve as your link with the Chrysalis Community.

APPLICANT'S SIGNATURE: _____ DATED: _____

+++++++ PLEASE NOTE AND SIGN AS INDICATED ++++++

YOUNG ADULT JOURNEY
Hoosier Hills Chrysalis Community

SPONSOR – Please fill out the information below. Once this form is completed, you are responsible for sending it to the Registrar whose address is listed below.

Applicant's Name: _____

Sponsor's Name: _____

E-Mail Address: _____

Address: _____

City / State / Zip: _____

Phone (Home): _____ How long have you known candidate? _____

How? _____

Name of Church you are attending? _____

Do you attend regularly? _____

Where did you take your WALK? _____

When? (MM/DD/YYYY) _____ Emmaus or Chrysalis Flight # _____

Are you in a reunion or sharing group? _____

Have you served as a sponsor before? _____

Are you willing to pray and sacrifice for the applicant? _____

How long have you known the applicant? _____

Why do you think this person would benefit from the Young Adult Journey? _____

Does the applicant have any physical or mental health concerns that should be brought to the attention of the Spiritual or Lay Directors? _____

Who will bring the applicant to the weekend site? _____

Who will take the applicant home? _____

Will you attend the sponsor's hour? _____ Candlelight? _____ Closing? _____

Will you accompany applicant to monthly gatherings after the weekend? _____

Are you aware of the importance of minimal contact with the Candidate during the weekend? _____

Remember sponsoring a Candidate is both a joy and a responsibility. The Young Adult Journey is not constructed to solve deep-seated personal problems. It is designed to provide those attending, a deeper understanding of what it means to be a disciple of Christ.

Sponsor's Signature: _____ Date: _____

Please furnish any additional comments below that could help the team understand and deal more effectively with the needs of the candidate. Comments about the candidate's home life, his/her doubts, difficulties and hopes would be of great help. _____

PLEASE RETURN FORM TO:

Registrar
P. O. Box 88
Clear Creek, Indiana 47426-0088

THANKS FOR YOUR TIME AND SUPPORT FOR THE CHRYSALIS PROGRAM