

**South Georgia Chrysalis Journey**

Young Adults Ages 18 - 24

**Caterpillar Application**

All of the information requested below is needed to ensure your proper placement on a Journey weekend. Please complete the form and return it to your sponsor. You will be notified by letter of your acceptance for a Journey weekend. Should you be unable to attend, please notify your sponsor or the registrar *immediately* so that your place may be filled by someone on the waiting list.

A non-refundable registration deposit of **\$25.00** is required to reserve your place on the waiting list. The remaining balance of \$100.00 will be gifted to you by the Warren Coats WWJD Foundation. Make your check payable to South Georgia Chrysalis.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Current** Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Sex (Circle one): M F

Phone: \_\_\_\_\_ Name preferred for name tag: \_\_\_\_\_

Email address: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

**Parent's** Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name of church you attend: \_\_\_\_\_ Denomination: \_\_\_\_\_

School you attend: \_\_\_\_\_ Current year in school: \_\_\_\_\_

Church or community organizations: \_\_\_\_\_

School activities or organizations: \_\_\_\_\_

State briefly why you wish to attend a Journey weekend: \_\_\_\_\_

Your sponsor's name: \_\_\_\_\_ Your pastor's name: \_\_\_\_\_

Special diet? \_\_\_\_\_ Allergies? \_\_\_\_\_

Any medical problems that require special attention? \_\_\_\_\_

Special medications? \_\_\_\_\_

**REQUIRED SIGNATURES:**

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Your Sponsor's Signature:** \_\_\_\_\_

**Sponsors Email Address:** \_\_\_\_\_

**Signature of Recommending Pastor/Campus Minister:** \_\_\_\_\_

**Church:** \_\_\_\_\_

***SPONSOR AND RECOMMENDING PASTOR /CAMPUS MINISTER MUST***

***COMPLETE ALL INFORMATION AND SIGN THIS FORM.***

**South Georgia Chrysalis Journey**  
***Sponsor Application***

Please fill in all of the spaces on the form below and return this form along with your Candidate's application to the Registrar. Remember that application date is very important when Caterpillar selection takes place.

A Sponsor Application form must accompany each Caterpillar application. Caterpillar Applications cannot be accepted without sponsor applications. All information is vital for successful Caterpillar application.

Return Applications to: **South Georgia Chrysalis**  
**P. O. Box 4751**  
**Valdosta, GA 31604**  
**[www.southgeorgiachrysalis.com](http://www.southgeorgiachrysalis.com)**

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

Street Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Email address: \_\_\_\_\_

Which Walk to Emmaus/Flight/Journey did you attend? \_\_\_\_\_

Name of Church you regularly attend: \_\_\_\_\_ City: \_\_\_\_\_

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

Are you willing to pray for and sacrifice for your candidate? \_\_\_\_\_

Is your candidate mentally, emotionally, and physically able to attend the Walk? \_\_\_\_\_

Are you currently in a Reunion Group? \_\_\_\_\_ Do you attend Gatherings? \_\_\_\_\_

Will you encourage and assist your candidate in joining a Reunion Group? \_\_\_\_\_

Will you bring, your candidate to Send Off at Park Avenue United Methodist Church? \_\_\_\_\_

Will you make certain that your Candidate makes it safely home after Closing? \_\_\_\_\_

Have you explained the Follow-Up meeting to you candidate? \_\_\_\_\_

Will you accompany your candidate to this meeting? \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_