

CENTRAL ALABAMA JOURNEY APPLICATION

Mail this form to:
Central Alabama Journey
Attn: Registrar
P. O. Box 242224
Montgomery, AL 36124-2224

Name _____ Name Tag Name _____
Address _____ City, State, Zip _____
Telephone _____ Email _____
Birthdate _____ Age _____ College/Univ. _____
Job/Employer _____ Grade _____ T-Shirt Size _____
Emergency Contact – Name and Number _____
Church Home _____ Denomination _____
Pastor's Name _____ Has Journey been explained to you? _____
Has follow up been explained? _____ Has Reunion groups been explained? _____
Why do you desire to attend? _____

What do you expect to gain from this weekend? _____

Any Health problems we should be aware of? _____

Any special diet or medication _____

Use additional sheet if necessary.

Please enclose a pre-registration of \$55. This will be applied to your contribution of \$100.00. (The remaining \$45 to be paid at registration) which partially offsets the cost of the weekend. Make checks payable: Central Alabama Chrysalis or CAC

This deposit is non-refundable. **All applicants must have a sponsor.**

Applicant's Signature _____ **Date** _____

Sponsor Information

Name _____ Address _____

City, State, Zip _____ Telephone _____

Email _____ Church Home _____

Your Weekend? _____ Location _____

Do you know the responsibilities of a sponsor? _____

Are you prepared to fulfill those responsibilities? _____

Is your candidate prepared for the weekend? _____

Signature _____ Date _____

Any additional comments or information should be on an attached sheet.

For Registrar Use Only:

Date Received _____ Check# _____ Cash _____ Letter Sent _____