

Journey With Christ Caterpillar Registration

This form supersedes all previous versions effective 1-22-2010

www.JourneyWithChrist.org

This section to be completed by the Journey with Christ
Amount Paid \$ _____ Check # _____
Assistance Approved \$ _____

▼ 1. To be Filled out by Caterpillar

Full Name: _____ Male Female Birth Date: _____ Grade in School: _____

First Name (the way you want it to appear on the name tag): _____ Phone: _____ - _____ - _____

Mailing Address: _____ City/State: _____ Zip: _____

E-mail Address: _____ Church/Youth Group of Regular Attendance: _____

Church Activities (i.e. choir, youth group): _____

Special Requirements/Medications. List all health/dietary needs, limitations, allergies and medications. List over the counter and prescription medications that you will need to take during the weekend. All medications brought to the weekend must be in their original container. (It is your responsibility to take medication as directed.)

Signature: _____ Date: _____

▼ 2. To be Filled Out by Caterpillar's Parent or Guardian (ages 17 and younger)

The above caterpillar has my permission to participate in a Journey weekend. I give my permission for the Journey with Christ, in the event of an emergency and if I cannot be reached by phone, to secure the emergency services of licensed medical professionals to provide the care necessary for my child's well being. I agree to release any medical records necessary for insurance purposes.

Full Name: _____ Phone: _____ - _____ - _____

E-mail Address: _____ Insurance Company: _____

Alternate Emergency Contact: _____ Phone: _____ - _____ - _____

Signature: _____ Date: _____

▼ 3. To be Filled Out by Sponsor

Total weekend cost is \$30 per Caterpillar, to be paid in advance by the Sponsor. Make checks payable to "Journey With Christ" Application and payment must go to the Registrar or the application may not be processed.

Full Name: _____ Male Female Phone: _____ - _____ - _____

Mailing Address: _____ City/State: _____ Zip: _____

Email Address: _____ Walk/Journey/Flight/Year: _____

Date of Preferred Attendance: Next Available Other _____ Flight (youth, ages 15-18) Journey (young adult, ages 18-24)

▼ 4. To be Filled Out by Caterpillar's Pastor/Youth Group Leader

The above caterpillar is active in our church/youth group. I endorse the participation of this person in a Journey Weekend. There are two expectations of a person following their participation in a Journey Weekend: 1) An expanded inner spiritual life, and 2) To become a more active disciple of Jesus Christ in the world through their church/youth group.

Full Name: _____ How Long Have You Known This Person: _____

Pastor's/Youth Group Leader's Signature: _____ Church/Youth Group: _____

▼ 5. Mail Completed Form with Payment

Journey With Christ, Registrar
4614 Snowy Owl Court, West Richland, WA 99353-9585
Phone Number: (509) 967-9604

Make enclosed checks payable to: Journey With Christ
Written requests for financial assistance must be sent to the President of Journey with Christ, including the reason for the request