

**2018 Journey to the Table Signature Page**

**Name of the Community** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Website** \_\_\_\_\_

This page indicates the intent of the Local Community to offer **Journey to the Table** in this covenant year. The Community Chairperson signs here to affirm this.  
If this is the first year offering Journey to the Table in the Local Community, only the Community Chairperson and two additional signatures are required: the two board members serving on the steering committee (you may use two of the additional leader lines for these signatures).  
Once Journey to the Table is established in the Local Community, a minimum of two signatures are required: the Community Chairperson and the Journey to the Table Liaison. There are signature lines for up to three additional Journey to the Table leaders. The Liaison and these additional leaders will have access to download the Journey to the Table materials.

The Local Community agrees to report Journey to the Table event dates and attendance to The Upper Room. The Local Community further agrees to pay an annual fee of \$500 for access to the Journey to the Table materials and ongoing support.

**Community Contact Information:**

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_

**Community Chairperson** (please print clearly) \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Journey to the Table Liaison** (please print clearly) \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Additional Journey to the Table Leader** (please print clearly) \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Additional Journey to the Table Leader** (please print clearly) \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Additional Journey to the Table Leader** (please print clearly) \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

(For Emmaus Office Use Only)

**INTERNATIONAL CHRYSALIS OFFICE**

**P. O. Box 340004, Nashville, TN 37203-0004**

**Toll free 877-899-2780 x 7227 or 1-615-340-7227 or FAX: 615-340-7257**

**Web: <http://journey.upperroom.org/> Email: [journey@upperroom.org](mailto:journey@upperroom.org)**

\_\_\_\_\_  
**Director, Youth and Young Adult Spiritual Formation Programs**      **DATE:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Boardroom Website:** <http://journey.upperroom.org/leaders>

**Customer Care Service: 1-800-972-0433 (need acct # when calling\*)**