

APPLICATION TO ATTEND A CHRYSALIS FLIGHT

CHRYSALIS FLIGHTS ARE FOR HIGH SCHOOL SOPHOMORES THROUGH COLLEGE FRESHMAN (15-18)
 JOURNEY TABLE GROUPS FOR YOUNG ADULTS, AGES 18-24,
 ARE AVAILABLE ON CHRYSALIS FLIGHTS AS NEEDED

___ GIRL'S FLIGHT # 61	June 26-29, 2008	First UMC	Pueblo, CO	\$70.00
___ GUY'S FLIGHT # 62	Aug. 30 - Sept 1, 2008	First Presbyterian	Pueblo, CO	\$70.00
___ GIRL'S FLIGHT # 63	Jan. 16-19, 2009	First Christian Church	Loveland, CO	\$70.00
___ GUY'S FLIGHT # 64	Feb. 14-16, 2009	First Christian Church	Loveland, CO	\$70.00

I am interested in helping with Chrysalis Outreach

Please write clearly

CANDIDATE'S NAME _____ GRADE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ SEX _____

HOME PHONE: _____ BIRTHDATE _____
 (Area code)

HOME CHURCH & DENOMINATION _____

SCHOOL _____ EMAIL _____

NAME YOU PREFER TO BE CALLED (for name tag) _____

T-SHIRT SIZE _____

State briefly why you wish to participate in Chrysalis and your expectations:

I express my desire to "Rise to a New Day" by fully participating in the Chrysalis Weekend.

Candidate's

Signature _____

Please enclose full payment with this application. Please make your checks out to:
Chrysalis of the Rockies
Mail to: Chrysalis Registrar c/o Smith
2594 South Johnson Court
Lakewood, CO 80227

Applications must be received at least 20 days prior to the event. Please notify us immediately if you cannot attend as others may be on a waiting list. If you have any questions or concerns, please contact Penny Smith (Registrar) at 303-669-2127 or email her at: psmith_chrysalis@comcast.net

 Office Use Only: Entered in DB _____ Paid _____ Check# _____ from _____
 Postcard sent _____ Sponsor Letter _____ Applicant Letter sent _____

IMPORTANT!!

MUST BE FILLED OUT BY ALL PARTICIPANTS

Please list any special needs ie, special diet, vegetarian, allergies, physical limitations, medications taken, health problems or handicap facilities required:

Insurance Company Name: _____ Phone number _____
Insurance Company
Address _____

Insurance policy # _____ Group # _____

Who to contact in case of emergency:

Name _____ Home# (_____) _____ Work # (_____) _____

If the above cannot be reached call _____ Phone # (_____) _____

***IF UNDER 18 YEARS OLD, COMPLETE BELOW

_____ has my permission to attend the Chrysalis weekend. In the event of an emergency and if I cannot be reached by phone, the Chrysalis staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well being. I agree to accept financial responsibility for any medical care that my child receives.

Parent/Guardian's
Signature _____ Date _____

TO BE COMPLETED BY SPONSOR

Sponsor's Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

(area code)

Have you attended: _____ Chrysalis _____ Emmaus _____ Cursillo

I understand that transportation to and from the weekend is my responsibility and will be provided by myself or another member of the Emmaus or Chrysalis Community. My candidate will arrive between 6:15 and 7:00 p.m. and will be able to stay through closing. _____ (initial)

TO BE COMPLETED BY PASTOR

I confirm that _____ is an active participant in our church program.
I recommend this person as a candidate for a Chrysalis Weekend.

Pastor's Signature _____ Date _____

(If you have any questions about Chrysalis, please call the registrar at the phone number on the front this form.)