

APPLICATION TO ATTEND A CHRYSALIS FLIGHT

CHRYSALIS FLIGHTS ARE FOR HIGH SCHOOL SOPHOMORES THROUGH COLLEGE FRESHMAN

JOURNEY TABLE GROUPS FOR YOUNG ADULTS, AGES 18-24,
ARE AVAILABLE ON CHRYSALIS FLIGHTS AS NEEDED

___ GIRL'S FLIGHT 69 Jan 15 - 17, 2011 1st United Methodist Church, Colo. Springs \$75
___ BOY'S FLIGHT 70 Feb 19 - 21, 2011 1st United Methodist Church, Colo. Springs \$75

Please write clearly

CANDIDATE'S NAME _____ GRADE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ SEX _____ 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 S Johnson Ct
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 (home) or 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 _____ Email: _____

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) I also understand it is my responsibility to attend and bring my candidate to the Chrysalis Hoot. _____ (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.)