

CHRYSALIS FLIGHT RESERVATION REQUEST

TO BE COMPLETED BY THE CANDIDATE: PLEASE PRINT

(MUST BE 15 – 19 YRS OLD)

NAME _____ MALE _____ FEMALE _____ BIRTH DATE _____

CANDIDATE PHONE _____ NAME PREFERRED ON NAMETAG _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CANDIDATE EMAIL _____

SCHOOL _____ GRADE _____

IN WHAT SCHOOL ORGANIZATIONS DO YOU PARTICIPATE? _____

NAME OF CHURCH YOU ATTEND _____

DENOMINATION _____ PASTOR'S NAME _____

IN WHAT CHURCH/RELIGIOUS ORGANIZATIONS DO YOU PARTICIPATE? _____

DO YOU HAVE A JOB? YES _____ NO _____ IF YES, WHERE? _____

HAS THE CHRYSALIS WEEKEND BEEN EXPLAINED TO YOU? YES _____ NO _____

HAVE THE FOLLOW-UP PROGRAMS OF GROUP REUNIONS AND GATHERINGS BEEN EXPLAINED? YES _____ NO _____

ARE YOU ON A SPECIAL DIET OR MEDICATION? YES _____ NO _____ IF YES, PLEASE EXPLAIN _____

DO YOU HAVE HEALTH PROBLEMS OR PHYSICAL DISABILITIES THAT MAY AFFECT YOUR ATTENDANCE? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

PLEASE BRIEFLY STATE WHY YOU WISH TO BE IN THE CHRYSALIS COMMUNITY AND WHAT YOU EXPECT TO GET FROM IT.

**NO CELL PHONES, RADIOS, CD'S OR CD PLAYERS, MP3 PLAYERS, I-PODS,
HAND HELD OR PORTABLE GAME SYSTEMS ARE PERMITTED**

DRESS CODE: ANY GARMET BELOW THE WAIST, INCLUDING BUT NOT LIMITED TO SHORTS OR SKIRTS, MUST BE APPROACHING THE KNEE. SPAGHETTI STRAPS/STRING TOPS ARE NOT ALLOWED. MUSCLE SHIRTS MUST HAVE SHIRT UNDER THEM. UNDERGARMETS ARE NOT TO BE EXPOSED. THE BELLY AND BACK SHOULD NOT BE EXPOSED. THIS DRESS CODE APPLIES DURING THE WHOLE WEEKEND, WHICH INCLUDES SLEEPWEAR AND ATHLETIC CLOTHING.

CANDIDATE'S SIGNATURE _____

I/WE HEREBY GIVE MY/OUR PERMISSION AND WRITTEN CONSENT FOR MY/OUR CHILD TO ATTEND THE CHRYSALIS WEEKEND. I/WE GIVE PERMISSION FOR THE CHRYSALIS STAFF TO SEEK MEDICAL TREATMENT FOR MY/OUR CHILD IF NECESSARY.

PARENT NAME (PRINT) _____ PARENT SIGNATURE _____

PARENT EMAIL _____

TO BE COMPLETED BY THE SPONSOR:

DATE OF CHRYSALIS WEEKEND _____

THE CANDIDATE SHOULD GIVE THIS FORM TO AN ADULT SPONSOR FROM THE EMMAUS/CHRYSALIS COMMUNITY WHO KNOWS HIM/HER; THIS FORM WILL HELP TO PLACE THE CANDIDATE IN A GROUP WHERE HE/SHE WILL BENEFIT MOST. IF YOU DON'T KNOW ANYONE IN EITHER COMMUNITY, MAIL TO REGISTRAR.

SPONSOR'S NAME (PRINT) _____ EMMAUS/CHRYSALIS WEEKEND# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SPONSOR EMAIL _____ SPONSOR PHONE _____

HOW LONG HAVE YOU KNOWN THE CANDIDATE? _____

IN WHAT CAPACITY DO YOU KNOW THE CANDIDATE? _____

PLEASE FURNISH ANY ADDITIONAL COMMENTS THAT YOU FEEL COULD HELP THE TEAM TO UNDERSTAND AND DEAL SYMPATHETICALLY WITH THE CANDIDATE.

DOES THIS CANDIDATE NEED HELP FINANCIALLY? YES _____ NO _____

WILL HIS/HER CHURCH HELP FINANCIALLY? YES _____ NO _____

NOTE TO SPONSOR: PLEASE REMIND YOUR CANDIDATE OF ITEMS THAT SHOULD NOT BE BROUGHT ON THE WEEKEND AND OF THE DRESS CODE. ANY DISCIPLINE PROBLEMS WILL RESULT IN THE SPONSOR BEING CALLED TO TAKE THE CANDIDATE HOME.

REGISTRATION FEE IS \$50. PLEASE ENCLOSE A \$10 DEPOSIT, WHICH WILL BE APPLIED TOWARD REGISTRATION FEE. THE DEPOSIT IS NON-REFUNDABLE (UNLESS THERE ARE NO OPENINGS AVAILABLE). THE FEE AUGMENTS THE COST OF LODGING, FOOD AND SUPPLIES.

PLEASE MAKE CHECKS PAYABLE TO OWENSBORO CHRYSALIS, AND MAIL TO

OWENSBORO CHRYSALIS, C/O REGISTRAR, PO BOX 1185 OWENSBORO, KY 42302-1185
