

CHRYSALIS Flight RESERVATION REQUEST

TO BE COMPLETED BY THE CANDIDATE:

Name _____ Male _____ Female _____ Birth date ____ ____ ____
(Must be 15-19 yrs.)

Name preferred on nametag _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

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, C.D.'s or players are permitted for Table leaders or candidates.

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 our permission for the Chrysalis staff to seek medical treatment for my/our child if necessary.

Parent Signature _____

Registration fee is \$60. 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, P.O. Box 1621, Owensboro, KY 42302.

Reference Form

Candidate's Name _____

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 the most. If you don't know anyone in either community, mail to Registrar.

Name of reference _____

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_

Sponsor's name _____; _____

Address _____ State _____ Zip _____ Phone _____

Emmaus/Chrysalis Weekend # _____

Note to sponsor: Please remind your candidates that No **Cell phones, radios, C.D.'s or players are allowed by Table leaders or candidates** and that any discipline problems will result in the sponsor being called to take the candidate home.