

# Application

To be completed by the candidate.

Full Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ Gender M / F Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name you want on name tag \_\_\_\_\_

Name of School Now Attending \_\_\_\_\_

Classification: Freshman / Sophomore / Junior / Senior / Other

Extra- and Co- Curricular Activities \_\_\_\_\_

Name of Church now attending \_\_\_\_\_

Denomination \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Religious and Community Organizations \_\_\_\_\_

Are you on a special diet? Y / N If so, explain. \_\_\_\_\_

Are you on any medication? Y / N Please list. \_\_\_\_\_

Do you have a health problem or physical handicap which may affect

your attendance at Chrysalis? Y / N If so, explain. \_\_\_\_\_

State briefly why you wish to participate in Chrysalis and what you hope to

gain from this experience. \_\_\_\_\_

Have the following been explained to you:

Sponsor \_\_\_\_\_

Chrysalis? Y / N

Follow-Up? Y / N

Reunion Groups? Y / N

Walk to Emmaus? Y / N

Monthly Gatherings? Y / N

Hoots? Y / N

**I intend to be present for the entire Chrysalis weekend.**

Candidate's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please enclose a deposit of \$40.00. This will be applied toward your contribution of \$75.00 which partially offsets the expenses of your Chrysalis. This deposit is **NON-REFUNDABLE**. Make your check payable to Green Country Chrysalis. Thank you. Note: You must be sponsored by someone who has attended Walk to Emmaus, Cursillo, Chrysalis, or Journey. If you do not have a sponsor, we will try to find one for you.

# Sponsor

To be completed by the sponsor.

Candidate's Name \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Alt. Phone(\_\_\_\_) \_\_\_\_\_

Name of Church now attending \_\_\_\_\_

Denomination/Affiliation \_\_\_\_\_ Attend Regularly? Y / N

Your Walk/Flight \_\_\_\_\_ Dates \_\_\_\_\_

Which Community? \_\_\_\_\_

Where? \_\_\_\_\_

Are you in a reunion group now? Y / N Do you receive the newsletter? Y / N

How many candidates have you sponsored in the last year? \_\_\_\_\_

How long have you known this candidate? \_\_\_\_\_

Are you praying for this candidate? Y / N

Why do you feel this person would make a good candidate? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is the candidate:

- ▶ physically able to participate in a Chrysalis weekend? Y / N
- ▶ mentally able to participate in a Chrysalis weekend? Y / N
- ▶ under any temporary emotional strains which might indicate her/his weekend should be postponed? Y / N

Will you commit to

- ▶ making arrangements for your candidate to be at send-off? Y / N
- ▶ assisting the candidate to get into a reunion group? Y / N
- ▶ attending weekend services? Y / N
- ▶ caring for the needs of you candidate over the weekend? Y / N

Have you explained the Fourth Day meeting? Y / N

Will you accompany the candidate to this meeting? Y / N

Are you aware of the importance of minimal contact with your candidate during the weekend? Y / N

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Release

**MUST be completed by the candidate.**

## Green Country Chrysalis Release

In consideration for being accepted to participate in a Green Country Chrysalis weekend or subsequent events related to Chrysalis, Journey, or Walk to Emmaus, or for transportation to and from these events, I agree to the following:

- ▶ I, the undersigned, give to an adult, into whose care my child has been entrusted, authorization to take my child to a licensed Physician or Dentist or to a Hospital. Furthermore, acting party has the right to authorize examinations, treatments, and hospital care as deemed necessary by the physician, dentist, or other healthcare provider.
- ▶ I, the undersigned, shall be liable and agree to pay all costs and expenses incurred in connection with any such medical, hospital, or dental services rendered.
- ▶ I, the undersigned, understand and agree that this release shall remain in effect unless cancelled or rescinded in writing by me.

Print Name of Participant (minor child) \_\_\_\_\_

Print Name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Phone of Parent or Guardian (\_\_\_\_) \_\_\_\_\_

Alternate Phone of Parent or Guardian (\_\_\_\_) \_\_\_\_\_

If unavailable, contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please list any medical allergies, medications being taken, medical problems, special diets, physical handicaps or other pertinent information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Official Use Only:  
Flight: \_\_\_\_\_

Dates: \_\_\_\_\_

Registrar Use Only:

Paid Deposit Amount \$ \_\_\_\_\_ Date \_\_\_\_\_  
Letter Mailed \_\_\_\_\_ Sponsor Letter Mailed \_\_\_\_\_