Emmanuel Chrysalis Caterpillar **Application and Reservation Request**



4	pplicant Information			
Last Name:	First Name:	MI:	M	
Last Name: Name Wanted on Nametag:	Age:	_ Birthdate:	- D F	
Address:	City:	(<i>mm/dd/yy</i>) State: 7in)!	
Address: Phone: ()	E-mail Address:	CiuiciZip		
School Now Attending:	Current/ Completed Year:			
School Activities:				
List Religious Organizations your Participate in:				
T-Shirt Size:				
n-sinin size. nS n M n L n XL n XXL				
	Applicant Signature	Date	9	
Preparatory Questions				
Has the Chrysalis Weekend been explained to you and your Parents/Guardians?				
Have the follow-up gatherings been explained to you?				
State briefly why you wish to participate in Chrysalis and what you expect from it:				
	Pastoral Information			
Name/ Denomination of Current Church:				
Pastor's Name:	e: Attended Chrysalis/ Emmaus?			
	Pastor Signature	Date	e	
Medical and Parental Information				
List allergies, medications being taken, medical problems, special diet, or other pertinent information:				
If I <i>cannot</i> be reached, please call:		_ Phone: ()		
Please attach a copy of your child's insurance card				
has my permission to attend the C	Chrysalis weekend. In the event of an em	ergency and if I/we cannot be reached	by phone, the	
Chrysalis staff has my/our permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for				
my child's well-being. I/we will not hold Camp Carolwood, the Upper Room, or the Emmanuel Chrysalis Committee responsible for any accident/emergency in which my/our child may be involved.				
Parent/ Guardian Signatu	ire Date	Phon		
**North Carolina consumption laws for tobacco products say: For any person under the age of 18 years old in the state of North Carolina the use of tobacco products is a				
misdemeanor crime. The Emmanuel Chrysalis Board will c	bey and observe the law of the land, and in n	o way wishes to encourage, support, or con	done the use of	

tobacco products or any other controlled substance.** This Page is for the Applicant and the Applicant's Parent(s) or Guardian(s)

Sponsor Information		
	E-mail:	
Address:		
City:	State:Zip:Phone: (
Church/ Denomination:	Attend Regularly?	
When/ Where did you attend Chrysalis/ Emmaus?		
Do you receive the Chrysalis Newsletter?	Would you Like to?	
How Long Have you Know the Applicant? _	Why would they be a good candidate?	
Are you in a Reunion Group?	Which One?	
Sponsor's Responsibilities		
Have you fully explained Chrysalis to your applicant? Have you fully explained Chrysalis to his/her parents or guardian? Will you assist your applicant in establishing a Reunion Group or similar support group? Will you pray and sacrifice for your applicant? Will you bring your applicant to Send-Off? Will you bring your applicant to Send-Off? Will you bring your applicant to the Next-Steps meeting when it is held? Will you bring your applicant to the Chrysalis Hoots?		
Special Needs of the Applicant		
Is your applicant under any temporary emotes should be postponed for a later weekend? Have the parents/guardian of your applicant	mental health needed to attend this Weekend? tional strain that might indicate that participation t participated in Emmaus or Chrysalis? cerning this applicant of which this Chrysalis team	
List allergies, medications being taken, med	lical problems, special diet, or other pertinent information:	

Sponsor Reminder

Sponsor, please remember that the Chrysalis Weekend is an intense program of Christian study and spiritual growth. It is NOT a weekend retreat or cure-all. It is good if the applicant is active in church or a campus mainline religious organization, desires an opportunity to grow in Christ and enhance their participation in Church. As a sponsor you also understand that although you may be present during the weekend you are not to be seen by your applicant. If at anytime you have questions regarding your applicant please contact the Chrysalis Board.

Sponsor Signature

Date

Completed Applications

Emmanuel Chrysalis Community – Registrar 105 April Lane Dallas, N.C. 28034 Please include a \$50.00 Pre-Registration Fee with this application. The other \$50.00 should be turned in at registration on the morning of the flight!

Questions? (704-824-7502) or e-mail at cwh916@yahoo.com.

