

Big Country CHRYSALIS Application

PRINT LEGIBLY or Type ALL INFORMATION on this application and return it to your sponsor. Register **ONLY** if you intend to be present for the entire weekend. This form, your completed sponsor form, and FULL payment should be mailed to the Registrar's office listed on the other side. Incomplete applications will be returned for completion. Sponsors should have already been on a Walk to Emmaus, Chrysalis, or Cursillo. **FLIGHT** participants **MUST** be at least 15 years of age **AND** be at least a High School Sophmore. **JOURNEY** participants must have graduated High School or equivalence.

Chrysalis Requested: Young Men's/Young Women's Journey (Ages 19-24) Boys'/Girls' Chrysalis Flight (Ages 15-18)

Can you attend on short notice of 3-4 days? Yes No

Has the Chrysalis Flight/Journey been explained to you, including the post Emmaus follow-up? _____

Male Female

Last Name _____ First Name _____ Name Tag Name _____

Current Address _____ City _____ State _____ Zip _____

Permanent(Home)Address _____ City _____ State _____ Zip _____

School Phone (____) _____ Home Phone (____) _____ Birthdate _____

E-Mail Address _____ T-Shirt Size _____

Church Membership _____

EMERGENCY CONTACT-- Someone to contact in case of emergency

Name and Relationship _____ Phone # _____

If you are a student, please indicate your school and high school indicate grade level at the time of the Flight:

School _____ Soph. _____ Jr. _____ Sr. _____

HEALTH RELEASE FORM FOR APPLICANTS OF CHRYSALIS JOURNEY/ FLIGHTS

To be completed by parent/guardian if applicant is a minor: _____ has my/our permission to attend the Chrysalis weekend. In the event of an emergency, and if I/we cannot be reached by telephone, the Chrysalis Staff has my/our permission to gain the services of licensed medical professionals to provide the care deemed necessary, including anesthesia, for my child's well being, the cost for which I/we shall be responsible.

Parent/Guardian Signature _____ Phone _____

Name of Insurance Company and Policy # _____

APPLICANT—Please list **ALL** allergies, medications being taken, medical problems, special diets, physical handicaps, or other pertinent information that may affect your attendance and well being at this event or any special accomodations required.

Applicant's Signature _____ Applicant's Pastor's Signature _____

Sponsor's Signature _____ PRINT Sponsor's Name _____

Sponsor's Address _____ City _____ State _____ Zip _____

Sponsor's Home Phone (____) _____ Business Phone (____) _____

IF PRIMARY SPONSOR IS UNDER 21, AN ADULT CO-SPONSOR (21 years of age or older) **MUST SIGN BELOW:**

CO-SPONSOR'S SIGNATURE _____ ADDRESS _____ PHONE _____

OFFICE USE ONLY:

Confirmed on Flight/Journey# _____ Date _____

Amt. rec'd _____ Check # _____ By _____

Revised 2/2001

Schol. amt _____ Appl. date _____ Letter Mailed _____

Big Country Chrysalis Community Sponsor's Form

To Be Filled Out COMPLETELY By Sponsor

Sponsoring a candidate is both a joy and a responsibility. There are things you must do for your candidate before, during, and after the weekend. Remember also the Chrysalis Journey/Chrysalis Flight is not structured to solve deep-seated personal problems. It is designed to strengthen, to those attending, a personal relationship with Jesus Christ.

Candidate's Name _____

Sponsor's Name _____ E-Mail Address _____

Name and Demonination of Church membership _____

What Community Sponsored your Walk? _____ What Walk #? _____

When did you attend your Walk? _____ Where? _____

When and where does your Reunion Group meet? _____

Will you as the Sponsor-----

Pray for the Candidate and sign up for the prayer vigil?	Yes/No
Care for your Candidate's family over the weekend?	Yes/No
Bring or make arrangements to bring your candidate to the Walk?	Yes/No
Attend Sponsor's Hour, Candlelight, and Closing?	Yes/No
Help your candidate get into a reunion group?	Yes/No
Explain the monthly community gathering to your candidate?	Yes/No
Accompany your candidate to the community gathering?	Yes/No
Bring Agape, including food and drinks for the weekend?	Yes/No

CONFIDENTIAL INFORMATION FOR THE LAY DIRECTOR/SPIRITUAL DIRECTOR ABOUT THE CANDIDATE:

In your opinion, does the candidate have the physical and mental health needed for a Chrysalis weekend? _____

Is he/she under any temporary emotional strain that might indicate his/her weekend should be postponed? _____

Why did you sponsor this person for a Chrysalis? _____

Describe your candidate's spiritual needs during his/her Chrysalis: _____

Please describe your candidate's personality, spiritual growth, and specific physical needs to assist in seating and room assignments, etc: _____

Name any known family or friends on this same Chrysalis? _____

Sponsor Signature _____ Date _____

Sponsor--INCOMPLETE APPLICATIONS WILL BE RETURNED. Full payment must accompany application. Also, post dated ckecks will not be accepted. Please mark on the outside of the envelope "Men's", "Women's" or "Chrysalis" and mail to: **Emmaus Registrar's Office PO Box 5080 Abilene, TX 79608-5080**

--HOTLINE Instructions: (915)677-3700--dial 12--dial 24--Emmaus instruction will follow.--