

Purchase Area Chrysalis Application

Please print clearly: Male _____ Female _____

Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Phone #: (____) _____ - _____

Age: _____ Birth Date: _____ Church you currently attend: _____

School: _____ Current Grade: _____ Graduation Yr. _____

E-mail Address: _____

Name for Name Tag: _____ T-Shirt Size: _____

Has Chrysalis been explained to you? _____

Please explain why you wish to go on a Chrysalis Flight and what you expect to happen.

Please enclose a *non-refundable* registration fee of \$15 payable to Purchase Area Chrysalis. The remainder of the fee for the weekend is \$45 (in addition to the \$15 registration fee) and will be collected at the time of arrival on Saturday morning.

Scholarships are available for those unable to pay.

Do you wish to request a scholarship? Yes _____ No _____

Chrysalis does not discriminate based on denomination, race, sex or national origin.

THIS IS TO BE A TOBACCO FREE WEEKEND.

Applicant's Signature: _____ Date: _____

Someone who has attended an Emmaus or Chrysalis weekend must sponsor you.

Sponsor: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Phone #: (____) _____ - _____

PARENT/GUARDIAN SECTION:

Parent/Guardian Name: _____

Address: _____

Have you attended an Emmaus or Cursillo weekend? Yes _____ No: _____

My child has permission to attend the Chrysalis weekend and to be transported to scheduled Chrysalis events. In the event of an emergency and if we/I cannot be reached by phone, the Chrysalis staff has my permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being. I also give my permission for the Chrysalis staff to administer prescription and non-prescription medication if needed.

Signature of Parent/Guardian: _____ Date: _____

Emergency Information:

Please call: _____ Phone #: _____ if I cannot be reached.

Please list medical problems, allergies, medications being taken, *special diet* and other pertinent information. _____

You will be contacted prior to the Chrysalis weekend by our registrar by mail.

The fees collected from candidates and team members do not fully cover the cost of the Chrysalis weekend. Additional contributions by persons interested in Christian ministry to youth are very helpful. To donate, please make your check payable to "Purchase Area Chrysalis" and send it to the address below. Thank you so much.

Mail this form (along with Reference form completed by adult) to:

Purchase Area Chrysalis Registrar

450 Devor Road

Benton, KY 42025

If you have any question or for more information please call Jeanie Carlton (270) 354-9046
or email at gjcarlton@wk.net.

Purchase Area Chrysalis Reference Form
(To be filled out by an adult not related to the applicant.)

The candidate should give this form to a pastor, an adult youth counselor, or a teacher who is unrelated to the candidate but who knows him or her very well. This form cannot be completed by a parent, relative or youth. This form will help us place the candidate in a group that will most benefit everyone.

Candidate's Name: _____
Name of Adult completing this form: _____
Adult's Phone # (____ - _____) How long have you known the candidate? _____

Chrysalis is for youth that are at least fifteen (15) years old and have completed their freshman year of high school, through college sophomores. Chrysalis is a three-day Christian experience designed to build youth leadership in local churches and is for youth that want to strengthen their relationship with Christ. Why do you think this person would be a good candidate?

It is important that the adult leadership of Chrysalis be aware of any physical, spiritual or emotional problems that this person may have. Please provide comments that will help us to understand and deal sympathetically with him or her. Comments about the person's home life, personality and present relationship with Christ would be of great help. These comments are held in the strictest confidence. _____

Thank you for your help. Please pray for all candidates and team members of Chrysalis.

The fees collected from candidates and team members do not fully cover the cost of the Chrysalis weekend. Additional contributions by persons interested in Christian ministry to youth are very helpful. To donate, please make your check payable to "Purchase Area Chrysalis" and send it to the address below. Thank you so much.

Mail this form (along with the Application) to:
Purchase Area Chrysalis Registrar
450 Devor Road
Benton, KY 42025

If you have any questions or for more information please call Jeanie Carlton at (270)354-9046 or send e-mail to: gjcarlton@wk.net.