

# APPLICATION TO ATTEND A CHRYSALIS FLIGHT

CHRYSALIS FLIGHTS ARE FOR HIGH SCHOOL SOPHOMORES THROUGH COLLEGE FRESHMAN (15-18)  
 JOURNEY TABLE GROUPS FOR YOUNG ADULTS, AGES 18-24, ARE AVAILABLE ON CHRYSALIS FLIGHTS  
 AS NEEDED

___ GUY'S FLIGHT # 68	June 10-13, 2010	The Ecumenical Church	Pueblo West, CO	\$75.00
___ GIRL'S FLIGHT # 69	July 29-Aug 1, 2010	John Wesley Ranch	Divide, CO	\$100.00

I am interested in helping with Chrysalis Outreach

Please write clearly

CANDIDATE'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ SEX \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

(Area code)

HOME CHURCH & DENOMINATION \_\_\_\_\_

SCHOOL \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME YOU PREFER TO BE CALLED (for name tag) \_\_\_\_\_

T-SHIRT SIZE \_\_\_\_\_

State briefly why you wish to participate in Chrysalis and your expectations:

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

I express my desire to "Rise to a New Day" by fully participating in the Chrysalis Weekend.

Candidate's

Signature \_\_\_\_\_

**Please enclose full payment with this application. Please make your checks out to:**

**Chrysalis of the Rockies**

**Mail to: Chrysalis Registrar c/o Smith**

**2594 South Johnson Court**

**Lakewood, CO 80227**

Applications must be received at least 20 days prior to the event. Please notify us immediately if you cannot attend as others may be on a waiting list. If you have any questions or concerns, please contact Penny Smith (Registrar) at 303-669-2127 or email her at: [psmith\\_chrysalis@comcast.net](mailto:psmith_chrysalis@comcast.net)

Office Use Only: Entered in DB \_\_\_\_\_ Paid \_\_\_\_\_ Check# \_\_\_\_\_

from \_\_\_\_\_

Postcard sent \_\_\_\_\_ Sponsor Letter \_\_\_\_\_ Applicant Letter sent \_\_\_\_\_

# IMPORTANT!!

## MUST BE FILLED OUT BY ALL PARTICIPANTS

Please list any special needs ie, special diet, vegetarian, allergies, physical limitations, medications taken, health problems or handicap facilities required:

---

---

---

Insurance Company Name: \_\_\_\_\_ Phone number \_\_\_\_\_  
Insurance Company  
Address \_\_\_\_\_

Insurance policy # \_\_\_\_\_ Group # \_\_\_\_\_

Who to contact in case of emergency:

Name \_\_\_\_\_ Home# (\_\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_\_) \_\_\_\_\_

If the above cannot be reached call \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

### \*\*\*IF UNDER 18 YEARS OLD, COMPLETE BELOW

\_\_\_\_\_ has my permission to attend the Chrysalis weekend. In the event of an emergency and if I cannot be reached by phone, the Chrysalis staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well being. I agree to accept financial responsibility for any medical care that my child receives.

Parent/Guardian's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY SPONSOR

Sponsor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
(area code)

Have you attended: \_\_\_\_\_ Chrysalis \_\_\_\_\_ Emmaus \_\_\_\_\_ Cursillo

I understand that transportation to and from the weekend is my responsibility and will be provided by myself or another member of the Emmaus or Chrysalis Community. My candidate will arrive between 6:15 and 7:00 p.m. and will be able to stay through closing. \_\_\_\_\_ (initial)

### TO BE COMPLETED BY PASTOR

I confirm that \_\_\_\_\_ is an active participant in our church program.  
I recommend this person as a candidate for a Chrysalis Weekend.

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

(If you have any questions about Chrysalis, please call the registrar at the phone number on the front this form.)