

-Elizabethtown Chrysalis Request for Reservation-

Chrysalis is a three-day experience of renewal, learning, and sharing for high school sophomores, juniors and seniors in the atmosphere of a Christian community. Everyone experiences it differently. It is not intended to help solve deep-seated problems, but is designed to help youth work toward a Christian way of life with community support.

TO BE COMPLETED BY THE CANDIDATE: *(Then return this form to the Sponsor)*

NAME: _____ **DATE:** _____

MALE: _____ FEMALE: _____ AGE: _____ BIRTHDAY: _____ T-SHIRT SIZE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: (daytime)(____)_____ (evening) (____)_____

Circle One: HIGH SCHOOL - or - COLLEGE

NAME OF SCHOOL: _____ GRADE: _____

CHURCH: _____ PASTOR: _____

Have Chrysalis and Reunion groups been explained to you? _____

Any special diet, food allergies, or medications? _____

State briefly why you wish to be involved in Chrysalis and what you expect from it: _____

Your preferred date to attend: _____ SPRING WALK - or - _____ FALL WALK

Candidate's Signature: _____

The undersigned parent or guardian of the above candidate consents to my child or ward participating in a Chrysalis weekend. I also authorize any adult Chrysalis team member to act as agent for me and to consent to any medical or surgical treatment for my child or ward at a hospital, clinic, or doctor's office in the event of a medical emergency during the Chrysalis weekend.

Parent or Guardian Signature: _____

The approximate cost for Chrysalis is \$100. Please make your checks payable to ELIZABETHTOWN CHRYSALIS and present your check upon arrival. Ask your sponsor about a full or partial scholarship if you need one. This is an application form and does not guarantee your acceptance, as a limited number of spaces are available. You will be notified 2-4 weeks prior to the Chrysalis of your acceptance or placement on the waiting list.

SPONSOR: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: (day) _____ (evening) _____

-Elizabethtown Chrysalis Request for Reservation-

Page 2

To be completed by an Adult Sponsor (*required*) and Youth Sponsor (*optional*):

CANDIDATE NAME: _____ **DATE:** _____

ADULT SPONSOR'S NAME: _____ CHRYSALIS/EMMAUS # _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE#: (____) _____ CELL #: (____) _____

To the BEST of your knowledge, is your candidate a Christian? YES -or- NO

Please tell us about your candidate so that this weekend may be even more meaningful: _____

YOUTH SPONSOR'S NAME: _____ CHRYSALIS # _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE#: (____) _____ CELL #: (____) _____

Does the candidate have the physical and mental health needed for a Chrysalis weekend? _____

Does your candidate need a full or partial scholarship beyond what you, your reunion group, or church can help with? _____

Are you willing to help the candidate get involved with a reunion group? _____

Will you bring your candidate to the Chrysalis? _____

Sponsoring a candidate is both a joy and a responsibility. It is unlikely that you can sponsor more than two candidates on one Chrysalis effectively. There are things you must do for your candidate before, during, and after the weekend. (*Please remember the importance of minimal contact with your candidate during the weekend.*) You should be praying and sacrificing for your candidate.

Remember also that the Chrysalis is not structured to solve deep-seated personal problems. It is designed to provide a personal encounter with Jesus Christ.

ADULT Sponsor Signature: _____

YOUTH Sponsor Signature (optional): _____

Scan & Email to the following:

etownchrysalis.registrar@gmail.com