

Tidewater Chrysalis Application
Chrysalis Flight (Circle One) TYAC Journey



Applicant Information:

Last Name: _____ First name: _____ MI _____
Name you wish to appear on your tag: _____ Male: Female: Age: _____
Birthday: _____ School attending: _____ Current Yr. _____

Home/Permanent Address:

Street: _____ City/State: _____ Zip: _____
Home Phone Number: _____

School Address:

Street: _____ City/State: _____ Zip: _____
School Phone Number: _____

Preparatory Questions:

Have the Chrysalis weekend and the follow-up gatherings been explained to you? _____
State briefly why you wish to participate in Chrysalis and what you expect from this weekend: _____

Pastoral Information:

Name and Denomination of Church: _____
Pastor's Name: _____
Campus Minister (if applicable): _____

Medical and Parental Information: (Under 18 must have Parent/Guardian Signature)

List all medical allergies, medications being taken, medical problems, special diet or other pertinent information: _____

If I cannot be reached, please call _____ Phone: _____

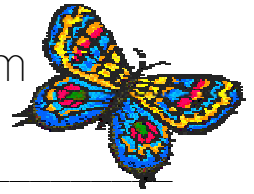
_____ has my permission to attend the Chrysalis weekend. In the event of an emergency and if I cannot be reached by phone, Chrysalis has my permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia for my child's well-being. We further do hereby release and discharge Chrysalis, its Board and members from any liability from illness, injuries, and damages that arise out of or resulting from my child's participation in or travel to and from this event.

Parent/Guardian Signature: _____ Date: _____

Sponsor _____ Applicants Signature _____ Date _____

Completed Applications: Please enclose a deposit of \$25.00. Make checks payable to: Tidewater Chrysalis. In the event it is not possible to assign you to a weekend, the deposit is refunded. Please mail this completed application and your \$25.00 registration fee to: Tidewater Chrysalis: P.O. Box 64055. Virginia Beach, VA 23464

Tidewater Chrysalis Sponsor's Form



Sponsor's Information:

Sponsor's Name: _____ Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ Phone: (work) _____

Church/Denomination: _____ Attend Regularly? _____

When and where did you attend the Walk to Emmaus or Chrysalis Walk? _____

Sponsor's Responsibilities:

Have you fully explained Chrysalis to your applicant and parents/guardians? _____

Will you assist your applicant in establishing a Reunion Group or similar group? _____

Will you bring your applicant to the Flight Sendoff? _____

Will you attend the Sponsor's Hour, Candelight and Closing? _____

Will you provide the 10 special letters? (Parents, Minister, Friends) _____

Will you bring your applicant to the Chrysalis Hoot/Emmaus Gatherings? _____

If your answer is "no" to any of the above questions, will you arrange for a person to fulfill your responsibilities in these areas? Who? _____

Special Needs of Applicant:

Does your applicant have the physical/mental health needed to attend this weekend? _____

Are there any additional circumstances concerning this applicant of which this team should be aware? _____

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 in a campus religious organization and desires an opportunity to grow in Christ.

Sponsor's Signature: _____ Date: _____

Financial Aid- Contact Chrysalis Board Treasurer

For Admin Use Only:

Date Application Received: _____ Deposit Received from: _____

Weekend(s) Applicant was invited to attend: _____

Weekend Applicant Attended: _____