

NEW COVENANT CHRYSALIS APPLICATION

(Completed applications must be in the hands of the Registrar no later than 2 weeks prior to each flight.)

Applicant Information

PLEASE PRINT

Last Name _____ First Name _____ MI _____

Name you wish to appear on your name tag _____ Male _____ / Female _____

Address _____ Phone(_____) _____

City _____ State _____ Zip _____

E-mail address _____ T-Shirt size _____

Age _____ Birthday _____ School Now Attending _____

Current / Completed Year _____ School Activities _____

Applicant's Signature _____

Preparatory Questions

Has the Chrysalis event been explained to you? _____ Have the follow-up gatherings been explained to you? _____

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

Pastoral Information

Name & Denomination of Church _____

Pastor's Name _____ Church or Community activities _____

Pastor / Minister's Signature _____ Date _____ Phone _____

Medical & Parental Information (Applicants under 18 MUST have Parent / Guardian signature)

Medical allergies: _____

Medical problems: _____

Medications being taken: _____

(Please write out a description of how & when each medication should be dispensed & turn in w/meds at registration.)

Special diet: _____

Other pertinent information: _____

If I cannot be reached, please call _____ Phone _____

_____ has my permission to attend 3-day Chrysalis event. In the event of an emergency, and 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. We further hereby do release and discharge Chrysalis, its Board and members from any and all liability from illness, injuries and damages that may arise out of or resulting from my child's participation in or traveling to or from this event.

Parent / Guardian Signature _____ Date _____ Phone _____

Applicant:

Please return this completed form to your sponsor & enclose a deposit of \$25.00. This will be applied toward your contribution of \$70.00 which partially off-sets the expenses for the 3 days. Please make checks payable to New Covenant Chrysalis. THIS DEPOSIT IS NON-REFUNDABLE UNLESS THERE ARE NO OPENINGS FOR YOU. You will be notified of your acceptance and the date, location and time of your event. IMPORTANT: Please notify the registrar, Trish Brewer, at (256)828-5037 immediately if you are unable to attend, as others may be on a waiting list.

CHRYSALIS APPLICANT'S SPONSOR'S FORM

(to be filled out by Sponsor)

NOTE TO SPONSOR FROM REGISTRAR: Completed applications must be in my hands no later than two weeks prior to each flight. Please don't just leave application with your participant to complete... walk them through each step in the process. Then fill out the Sponsor's form below, & immediately MAIL this form & the \$25.00 registration deposit to:

New Covenant Chrysalis
c/o Trish Brewer, Registrar
289 Hayes Road
Hazel Green, AL 35750

Please call Trish at Hm:(256)828-5037 or Cell:(256)468-5037 if it is less than 4 days from the 2 week cut off.

Sponsor Information

PLEASE PRINT

Sponsor's Name _____
Address _____
City _____ State _____ Zip _____
Phone (Home) _____ Phone (Work) _____
Cell Phone _____ E-mail address _____
Church / Denomination _____ Attend Regularly? _____
When and where did you attend Emmaus, Chrysalis or Cursillo? _____
Are you in a reunion group? _____ Where? _____

Sponsor's Responsibilities

Have you fully explained Chrysalis to your applicant? _____
Have you fully explained Chrysalis to his / her parents or guardian? _____
Will you assist your applicant in finding a Reunion Group or similar support group to join? _____
Will you pray and sacrifice for your applicant? _____
Will you bring your applicant to the Flight Send-off? _____
Will you attend the Sponsor's Hour, Candlelight and Closing? _____
Will you bring your applicant to the Follow-up meeting when it is held? _____
Will you bring your applicant to the Chrysalis "One Touch" / Emmaus Gathering? _____
If your answer is no to any of the above questions, will you arrange for a person to fulfill your responsibilities in these areas? _____

Special Needs of Applicant

Does your applicant have the physical, mental & spiritual health needed to attend this Flight? _____
Is your applicant under any temporary emotional strain that might indicate that participation should be postponed for a later flight? _____
Are there any additional circumstances concerning this applicant of which this team should be aware? _____

Sponsor Reminder

Sponsor, please remember that the Chrysalis Flight 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 a campus mainline religious organization, and desires an opportunity to grow in Christ and enhance their participation in Church.

Sponsor's Signature _____