

**Hi Sky Emmaus/Chrysalis Community  
Chrysalis Request for Reservation**

Please print all information on application legibly. This information is necessary for placement on the Chrysalis Flight. Register only if you intend to be present for the entire weekend. Please select the Chrysalis flight you would like to attend:

Boys' Flight #48 – July 12-15, 2012 (Ages 15-19)       Girls' Flight #49 – July 26-29, 2012 (Ages 15-19)

**Applicant Information**

(applicant must have completed Freshman year of high school)

Name: \_\_\_\_\_ Name for Name Tag (if different): \_\_\_\_\_  Male  Female

DOB: \_\_\_\_\_ Age: \_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Now Attending: \_\_\_\_\_ Are you involved in your church's youth group? Y N

School Now Attending: \_\_\_\_\_ Grade completed at time of Chrysalis: \_\_\_\_\_

Please list any social media networks/sites that you use, so we may also use it/them to contact you after the Chrysalis:

Parent/Guardian Name(s): \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Release of Personal Information**

May we publish your phone number and home address on participant lists that will be distributed to other Chrysalis participants, team members, and future lay directors for possible team selection? Y N Parent Signature: \_\_\_\_\_

**Emergency Contact Information**

Please list the following information for someone we may contact in case of an emergency during the Chrysalis weekend.

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical Release**

*If you are 18 years of age or older, you may complete this section yourself. If not, this section must be completed by a parent/guardian.*  
\_\_\_\_\_ has my/our permission to attend the Chrysalis weekend. In the event of an emergency, and if I/we cannot be reached by phone, the Chrysalis staff has my/our permission to gain the services of licensed medical professionals to provide the care deemed necessary, including anesthesia, for my/my child's well being. I/We further do hereby 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/from this event.

Parent/Guardian/Self Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Health Information**

Please list all allergies, medications being taken, medical issues, special diets, physical handicaps, or other pertinent information that may affect your attendance and well being at the Chrysalis: \_\_\_\_\_

**Pre-Flight Questions for Applicant**

Has the Chrysalis Flight been explained to you? Y N

Have the follow-up gatherings been explained to you? Y N

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

The fee for the Chrysalis weekend is \$125; please enclose your payment with this request for reservation. This fee is refundable up to seven days before the Chrysalis. Please make checks payable to Hi-Sky Emmaus Community. In the event that you must cancel, please notify the Chrysalis registrar (see contact information below).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Pastoral Information

All applicants must have a pastor or youth pastor sign his/her Chrysalis application before it can be processed.

Pastor's Endorsement: I know this applicant, and I recommend his/her participation in Chrysalis.

Pastor's Name (please print): \_\_\_\_\_ Pastor's Signature: \_\_\_\_\_

### Sponsor Information

Each applicant must be sponsored by someone who has attended a Walk to Emmaus/Chrysalis. If candidate is being sponsored by a youth (21 years of age or younger), an adult must co-sponsor the candidate. Please print all information on application legibly.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you attended a Walk to Emmaus or Chrysalis Flight? Y N Date: \_\_\_\_\_ Location: \_\_\_\_\_ Number: \_\_\_\_\_

It is important for the success of the Chrysalis for you to be a fully participating sponsor. Please answer each question listed below. If you cannot answer "yes" to all of the questions listed below, please attach a separate sheet explaining why you cannot fulfill the sponsor's duties. These explanations will be reviewed before the application is processed.

Will you pray for the candidate and sign up for the prayer vigil? Y N

Will you bring or make arrangements to bring your candidate to the Chrysalis site on Thursday night? Y N

Will you attend Sponsor's Hour, Candlelight, and Closing? Y N

Will you bring Agape, including food and drinks for the weekend? Y N

Did you explain to your candidate that, except for emergencies, he/she should expect no contact during the weekend? Y N

Have you made sure that your candidate has a nice outfit to wear for dinner on Saturday? Y N

Have you explained what a Chrysalis is to the candidate's family? Y N

Will you invite the applicant's parents/family to attend closing if they have not attended a Walk to Emmaus/Chrysalis? Y N

Will you explain the monthly community gathering to your candidate? Y N

Will you accompany your candidate to the community gathering? Y N

Are you willing to help your candidate get involved in a reunion group? Y N

Confidential information for the Lay/Spiritual Director about the candidate:

- In your opinion, does the candidate have the spiritual maturity to benefit from the Chrysalis weekend? Y N

- Why did you choose to sponsor this Chrysalis applicant? \_\_\_\_\_

- Please describe your candidate's personality, spiritual growth, and any specific physical needs to assist in table and room assignments: \_\_\_\_\_

- Is there anything else that we should be aware of regarding this chrysalis applicant prior to the Chrysalis that would help us serve him/her better on the flight? \_\_\_\_\_

- Please list any known family members and/or friends on this Chrysalis flight: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Scholarship Request

No one will ever be prevented from attending a Chrysalis sponsored by the Hi-Sky Emmaus Community for financial reasons. However, you and/or your sponsor are urged to pay some portion of the flight fee. Partial scholarships from the Hi-Sky Emmaus Community are available. If you need such assistance, please provide a brief statement explaining the circumstances surrounding the need and the amount requested.

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

### **Please mail completed application and flight fee to:**

Hi-Sky Chrysalis Registrar • Attn: Rhett or Bailey Lively • PO Box 10370 • Midland, TX 79702

If you have any questions, call (432) 894-0353 (Bailey) or (432) 894-9832 (Rhett).

### **For Office Use Only**

Date Received: \_\_\_\_\_ Flight #: \_\_\_\_\_ Paid – Check #: \_\_\_\_\_ Scholarship request? Y N Date granted: \_\_\_\_\_