

FOR REGISTRAR'S USE ONLY
Date Received:
Flight Attended:
Deposit Paid:
Registrar:

**Reservation Request for a
CHRYSALIS FLIGHT**

In cooperation with the Chattanooga/Lafayette Chrysalis Community, this is a three-day spiritual renewal weekend designed for young people who are of high school age. (AGES 14 - 24).

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Best Phone: (_____) _____

E-mail address _____

Name preferred on name tag: _____ Today's Date: _____

Name and denomination of church now attending: _____

List religious and/or community organizations of which you are a member: _____

School you attend: _____

Date of Birth: _____ (Circle one) **Male Female** Grade/Year in School _____

Do you have a health condition or physical disability that may affect your weekend? **Y N**

If **Yes**, please explain: _____

Are you on medication or a special diet? **Y N**

If **Yes**, please explain: _____

State briefly why you wish to participate in a Chrysalis Flight and what your expectations are:

Candidate's Signature

- * Please fill out *this* page of the application completely and legibly. The candidate must submit this application to a sponsor.
- * The sponsor will complete the *second page* and submit this application to the Chrysalis Registrar.
- * **Please have parents sign permission/authorization section of this form or this application will not be approved. (IF UNDER 18)**

Parent/Guardian Authorization

_____ 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 secure services of licensed medical professionals to provide the care necessary, including anesthesia, for my/or child's well being.

Signature of Parent or Guardian _____ Phone _____

If I/we cannot be reached, please call _____ Phone _____

Please list any medical allergies, medications being taken, medical problems, special diet, or pertinent information:

CHATTANOOGA/LAFAYETTE CHRYSALIS COMMUNITY
Sponsor's Information

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Best Phone: (_____) _____

E-mail address _____

Name and Denomination of church now attending: _____

Location and date of your Walk, Journey, or Flight: _____ Number _____

Are you now in a reunion group? **Y N** Do you now receive the Newsletter? **Y N**

How many candidates have you sponsored? _____ During the past year? _____

How long have you known the candidate? _____

Why do you feel that this person should be a good candidate? _____

Does the candidate have the physical and mental health needed for a Chrysalis Flight weekend? **Y N**

If No Explain: _____

Are you willing to assist the candidate to get into a reunion group? **Y N**

Will you: Bring your candidate to Send-Off?	Y N
Attend Sponsor's Hour?	Y N
Attend Candlelight?	Y N
Attend Closing?	Y N

Have you explained the post weekend meetings? **Y N**

Are you aware of the importance of minimal contact with your candidate during the weekend, especially if the candidate is your boyfriend/girlfriend or spouse? **Y N**

Have you enclosed the \$25.00 registration fee? **Y N**

The balance of \$125 may be paid by community scholarship fund or by the sponsor. Due at Send-Off

Request for Scholarship: yes_____ no_____

Please mail this completed application and \$25.00 fee to the following address:

Sandi Brock
CHRYSALIS REGISTRAR
5830 Ragnar Drive
Hixson, TN 37343
Phone # (423) 240-5586

Email: chrysalis@clemmaus.org

**** Before the journey you will be receiving information regarding your candidate and his/her journey. Please respond to requests mentioned in the information as soon as possible. ****