

CHRYSALIS FLIGHT RESERVATION REQUEST

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.

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

E-mail address _____

Name preferred on name tag _____ Today's Date _____

Name and denomination of church 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** Do you require a bottom bunk? **Y N**

If Yes, please explain _____

Please list any prescription medications you are taking _____

Specific dietary requirements none dairy free diabetic gluten free vegan vegetarian

Do you have any food allergies _____

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

Candidates Signature _____



Please fill out this page of the application completely and legibly. The candidate must submit this application to the 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 processed. (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/our child's well being.

Signature of Parent or Guardian _____ Phone _____

If we cannot be reached, please call _____ Phone _____

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

Sponsor's Name: _____

CHATTANOOGA LAFAYETTE CHRYSALIS COMMUNITY
Sponsor's Information

Name _____ Address _____

City _____ State _____ Zip _____ 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 please 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**

Please send this completed form to the following address:

Cece Tillman
Chrysalis Registrar
1112 County Road 800
Flat Rock, AL 35966
cecetillman@gmail.com
registrar@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****