

# **-Elizabethtown Chrysalis Request for Reservation-**

*Chrysalis is a three-day experience of renewal, learning, and sharing for high school sophomores, juniors and seniors in the atmosphere of a Christian community. Everyone experiences it differently. It is not intended to help solve deep-seated problems, but is designed to help youth work toward a Christian way of life with community support.*

**TO BE FILLED OUT BY THE CANDIDATE:** (Then return this form to the Sponsor)

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE#:(daytime)(\_\_\_\_\_) \_\_\_\_\_ (evening)(\_\_\_\_\_) \_\_\_\_\_

Circle One: HIGH SCHOOL -or- COLLEGE

NAME of SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

CHURCH: \_\_\_\_\_ PASTOR: \_\_\_\_\_

Have Chrysalis and Reunion groups been explained to you? \_\_\_\_\_

Any special diet, food allergies, or medications? \_\_\_\_\_

State briefly why you wish to be involved in Chrysalis and what you expect from it: \_\_\_\_\_

Your preferred date to attend: \_\_\_\_\_ Spring Walk -or- Fall Walk \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_

The undersigned parent or guardian of the above candidate consents to my child or ward participating in a Chrysalis weekend. I also authorize any adult Chrysalis team member to act as agent for me and to consent to any medical or surgical treatment for my child or ward at a hospital, clinic, or doctor's office in the event of a medical emergency during the Chrysalis weekend.

Parent or Guardian's Signature \_\_\_\_\_

The approximate cost for Chrysalis is \$65. Please make your checks payable to ELIZABETHTOWN EMMAUS and present your check upon arrival. Ask your sponsor about a full or partial scholarship if you need one. This is an application form and does not guarantee your acceptance, as a limited number of spaces are available. You will be notified 2-4 weeks prior to the Chrysalis of your acceptance or placement on the waiting list.

SPONSOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

# **-Elizabethtown Chrysalis Request for Reservation-**

Page 2

To be completed by an Adult Sponsor (*required*) and Youth Sponsor (*optional*):

**Candidate Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Adult Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone #:(daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

Please tell us about your candidate so that this weekend may be even more meaningful:

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

Adult Sponsor's Signature: (Required) \_\_\_\_\_

Youth Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone #:(daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

Please tell us about your candidate so that this weekend may be even more meaningful:

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

Youth Sponsor's Signature: (Optional) \_\_\_\_\_

Does the candidate have the physical and mental health needed for a Chrysalis weekend? \_\_\_\_\_

Does your candidate need a full or partial scholarship beyond what you, your reunion group, or church can help with: \_\_\_\_\_

Are you willing to help the candidate get involved with a reunion group? \_\_\_\_\_

Will you bring your candidate to the Chrysalis? \_\_\_\_\_

**Sponsoring a candidate is both a joy and a responsibility. It is unlikely that you can sponsor more than two candidates on one Chrysalis effectively. There are things you must do for your candidate before, during, and after the weekend. (Please remember the importance of minimal contact with your candidate during the weekend.) You should be praying and sacrificing for your candidate. Remember also that the Chrysalis is not structured to solve deep-seated personal problems. It is designed to provide a personal encounter with Jesus Christ.**

**Mail to the following:**

**Elizabethtown Chrysalis  
P O Box 6243  
Elizabethtown, KY 42702-6243**