

# SOUTHERN OHIO CHRYSALIS APPLICATION

(For 10th, 11th & 12th Graders)

See website calendar for current flight dates  
www.soChrysalis.com

## PLEASE PRINT:

NAME \_\_\_\_\_

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

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

PHONE (\_\_\_\_) \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ M/F \_\_\_\_\_

NAME YOU WOULD LIKE ON YOUR NAME TAG \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

PARENTS OR GUARDIAN NAME \_\_\_\_\_

SCHOOL YOU ATTEND \_\_\_\_\_ GRADE \_\_\_\_\_ HS GRAD YEAR \_\_\_\_\_

SCHOOL ACTIVITIES \_\_\_\_\_

NAME & DENOMINATION OF YOUR CHURCH \_\_\_\_\_

CHURCH ADDRESS \_\_\_\_\_

PASTOR'S NAME \_\_\_\_\_

RELIGIOUS OR COMMUNITY ORGANIZATIONS \_\_\_\_\_

HAS THE CHRYSALIS WEEKEND BEEN EXPLAINED TO YOU? \_\_\_\_\_ THE FOLLOW-UP? \_\_\_\_\_

WHY DO YOU WISH TO PARTICIPATE IN CHRYSALIS & WHAT DO YOU EXPECT FROM IT: \_\_\_\_\_

YOUTH'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## TO BE COMPLETED BY PARENT OR GUARDIAN:

\_\_\_\_\_ has my permission to attend the Chrysalis weekend. In the event of an emergency, if I/we cannot be reached by phone, the Chrysalis staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ PHONE \_\_\_\_\_

IF ABOVE CANNOT BE REACHED, CALL \_\_\_\_\_ PHONE \_\_\_\_\_

PLEASE LIST any medical allergies, medications being taken, special diets, medical problems, or other pertinent information regarding the applicant (attach additional pages as necessary) \_\_\_\_\_

PLEASE ATTACH a \$30.00 per-registration deposit to be applied toward your contribution of \$60.00 which partially offsets the expenses of your weekend. **The deposit is non-refundable.** Make your check payable to SOUTHERN OHIO CHRYSALIS. You will be notified of your acceptance. The \$30.00 balance is due the first night of your weekend. Upon your completion of the front of this application please give it to your sponsor, along with the deposit so that they can complete the other side and send to Southern Ohio Chrysalis.

IF YOU DO NOT HAVE A SPONSOR:

Please send your application along with your deposit and a note and a sponsor will be assigned to you.

Sponsor: Please complete this side and return it with their \$30.00 deposit to:

**REGISTRAR - SOUTHERN OHIO CHRYSALIS**  
**Mrs. Jan Eldridge**  
**1423 Bihlman Drive • Portsmouth, Ohio 45662**

Name of Applicant \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

Sponsor's Address \_\_\_\_\_ eMail Address: \_\_\_\_\_

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

Phone: Daytime (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Have you served as a Chrysalis sponsor before? \_\_\_\_\_

Name & denomination of your church \_\_\_\_\_

Where did you attend Cursillo/Emmaus/Chrysalis? \_\_\_\_\_ When? \_\_\_\_\_

Are you in a reunion/sharing group? \_\_\_\_\_ Are you willing to Pray for the Applicant? \_\_\_\_\_

How long have you known the Applicant? \_\_\_\_\_

Why do you think the Applicant would benefit from the Chrysalis Weekend? \_\_\_\_\_

\_\_\_\_\_

Does the Applicant have physical or mental health concerns that should be brought to the attention of the Spiritual Director? \_\_\_\_\_

Will you bring the Applicant to the Chrysalis Weekend? \_\_\_\_\_

Will you take the Applicant home? \_\_\_\_\_

Will you attend the Sponsor's Hour? \_\_\_\_\_ Candlelight? \_\_\_\_\_ Closing? \_\_\_\_\_

Have you explained the Hoots, Gatherings, and Reunion Groups to the Applicant? \_\_\_\_\_

Will you accompany the Applicant to the Hoots and/or Gatherings? \_\_\_\_\_

Are you aware of the importance of minimal contact with the Applicant during the Weekend? \_\_\_\_\_

Will you be contacting the Applicant's Family during the Weekend? \_\_\_\_\_

Do you understand the responsibility of assisting the Applicant in finding a Share Group? \_\_\_\_\_

Please make any additional comments you believe may be helpful to us: