

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. Rochelle Barney
2006 Baird Avenue, 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: