

PIEDMONT CHRYSALIS APPLICATION

Applicants MUST be between the ages of 15-18 and a Sophomore, Junior or Senior in High School.

Boy's Date: _____ Girl's Date: _____

TO BE COMPLETED BY PARTICIPANT (please print) Date completed: _____

Full Name: _____ Name you wish to be called: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home phone number (with area code): _____ Email: _____

Participant Cell Phone Number (with area code): _____

Age: _____ Birth date: _____ High School: _____ Current Grade: _____

Church: _____

T-Shirt Size (circle one) S M L XL XXL

Are you on a special diet? _____ No _____ Yes If yes, please explain so we may meet your needs: _____

Church, School and Community Activities: _____

Has Chrysalis been explained to you? _____ Yes _____ No The Follow-up Hoot? _____ Yes _____ No
State briefly why you wish to participate in Chrysalis and what you expect from it:

Please include pre-registration deposit of \$35 with this application. This will be applied toward your total contribution of \$100 which partially offsets the expenses of your Chrysalis Flight. This deposit is not refundable. If the Flight is full then we will carry your name over to the next Flight or write you a refund check. Make your check payable to Piedmont Chrysalis.

Participant's Signature: _____ **Date:** _____

CONSENT TO BE COMPLETED BY PARENT OR GUARDIAN: (please print)

Parent/Guardian(s) name: _____

Phone numbers: _____

Insurance Company (address and phone number) _____

My child is on the following medication(s) (with dose and time) _____

_____ Possible Medical Concerns _____

_____ My child is allergic to: _____

He/She will arrive at, or shortly before, the appointed time that the Chrysalis Weekend or Hoot is to begin and will remain on site for the duration of the event. I understand that if my young person does not adhere with the guidelines set in place by the Chrysalis Board of Directors concerning behavior, I will be notified and will be expected to pick up my youth early.

I hereby give my permission for adults in charge of the Chrysalis Weekend and/or Hoot to seek emergency medical treatment for my youth should an emergency arise.

Parent/Guardian(s) Signature: _____ **Date** _____

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(SPONSOR PORTION)

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Please return to: Joy Cranfill
Journey Registration
5200 Strasburg Ct.
Greensboro, NC 27407

phone: 336-501-0785

email: Joy.Cranfill@RescoProducts.com

TO BE COMPLETED BY SPONSOR:

Name: _____ Church: _____

Address: _____ Home phone: _____

City: _____ Work phone: _____

State: _____ Zip: _____ Email: _____

Where and When did you attend Cursillo/Emmaus/Chrysalis/Journey? _____

Are you in a reunion group? _____ Have you been a sponsor before? _____

Why do you think this youth would benefit from Chrysalis? _____

Preparation

Are you willing to pray and sacrifice for your candidate? _____

Service

Will you be responsible for getting your candidate to Chrysalis? _____

Will you be responsible for getting your candidate home? _____

Support

Are you aware of the importance of minimal contact with your Candidate during the Chrysalis flight? _____

Fellowship

Have you explained the Hoots, Gatherings and Reunion Groups? _____

Will you accompany your candidate to the Hoots and/or Gatherings? _____

Do you understand the responsibility of assisting your candidate in finding a Reunion Group? _____

Does your candidate have a physical or mental concern that should be brought to the attention of the Directors? _____ If so, briefly explain: _____

Please make any additional comments you believe may be helpful: _____

