

**Chrysalis Community Request for Reservation**  
**(Please print all three pages and attach the Circle Six Medical Release form)**

This information is necessary for placement on the Chrysalis Flight. Register only if you intend to be present for the entire weekend.

Please select the Chrysalis flight you would like to attend:

Girl's Flight #60 HS – June 21-24, 2018

Boy's Flight #61 HS – July 19-22, 2018

**Participant Information (please print)**

(Flights are for ages 15 - 19, or must have completed Freshman year of high school)

Name: \_\_\_\_\_ Name for Name Tag (if different): \_\_\_\_\_  Male  Female

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_ (Cell Number) \_\_\_\_\_

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

Church Attending: \_\_\_\_\_ Are you involved in your church's youth group? Y N

School Attending: \_\_\_\_\_ Grade completed at time of Chrysalis: \_\_\_\_\_

Please list any social media networks/sites that you use, so we may also use it/them to contact you after the Chrysalis:

Social Media Site	Yes	No	Username
Face book			
Twitter			
Other:			

**Pre-Flight Questions for Participant**

Has the Chrysalis Flight been explained to you? Yes No Have the follow-up gatherings been explained to you? Yes No

State briefly why you wish to participate in the Chrysalis experience and what you expect from it:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By my signature I agree: "I will conduct myself in an appropriate manner during this Christ-centered weekend. If not, my sponsor or parents will be contacted and I will be removed from the weekend."

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you will be 18 or older by the dates of the flight, do you consent to a background check? Yes No Please Initial \_\_\_\_\_

Please print your full legal name \_\_\_\_\_

**Pastoral Information**

All participants must have a pastor or youth pastor sign his/her Chrysalis reservation before it can be processed.

Pastor's Endorsement: I know this participant, and I recommend his/her participation in Chrysalis.

Pastor's Name (please print): \_\_\_\_\_ Pastor's Signature: \_\_\_\_\_

**Parental Information (please print)**

Parent/Guardian Names \_\_\_\_\_ E-mail \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Father's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_

**Release of Personal Information**

May we publish the participant's and your phone number and home address on participant lists that will be distributed to other Chrysalis participants, team members, and future lay directors for possible team selection? **Yes** **No**

**Emergency Contact Information**

Please list the following information for someone other than the parents we may contact in case of an emergency during the Chrysalis weekend in case the parents cannot be reached.

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical Release**

\_\_\_\_\_ 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 gain the services of licensed medical professionals to provide the care deemed necessary, including anesthesia, for my/my child's well being. I/We further do hereby release and discharge Chrysalis, its Board, and members from any and all liability from illness, injuries, and damages that may arise out of or resulting from my child's participation in or traveling to/from this event.

Parent/Guardian/Self Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Health Information**

Please list all allergies, medications being taken, medical issues, special diets, health limitations, or other pertinent information that may affect your attendance and well-being at the Chrysalis: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Weekend Fees**

The fee for the Chrysalis weekend is \$125; please enclose your payment with this request for reservation. This fee is refundable up to seven days before the Chrysalis. In the event that you must cancel, please notify the Chrysalis registrar (see contact information below).

**Scholarship Request**

No one will ever be prevented from attending a Chrysalis sponsored by an Emmaus Community for financial reasons. However, you and/or your sponsor are urged to pay some portion of the flight fee. Scholarships are available. If you need such assistance, please provide a brief statement explaining the circumstances surrounding the need and the amount requested.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sponsor Information (please print)**

Each participant must be sponsored by someone who has attended a Walk to Emmaus/Chrysalis. If candidate is being sponsored by a youth (21 years of age or younger), an adult must co-sponsor the candidate.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Have you attended a Walk to Emmaus or Chrysalis Flight? **Y N** Date: \_\_\_\_\_ Location: \_\_\_\_\_ Number: \_\_\_\_\_

It is important for the success of the Chrysalis for you to be a fully participating sponsor. Please answer each question listed below. If you cannot answer "yes" to all of the questions listed below, please attach a separate sheet explaining why you can not fulfill the sponsor's duties.

- Will you pray for the candidate and sign up for the prayer vigil? Y N
- Will you bring or make arrangements to bring your candidate to the Chrysalis site on Thursday night? Y N
- Will you attend Sponsor's Hour, Candlelight, and Closing? Y N
- Will you bring Agape, including food and drinks for the weekend? Y N
- Did you explain to your candidate that, except for emergencies, he/she should expect no contact during the weekend? Y N
- Have you made sure that your candidate has a nice outfit to wear for dinner on Saturday? Y N
- Have you explained what a Chrysalis is to the candidate's family? Y N
- Will you invite the participant's parents/family to attend closing if they have not attended a Walk to Emmaus/Chrysalis? Y N
- Will you explain the monthly community gathering to your candidate? Y N
- Will you accompany your candidate to the community gathering? Y N
- Are you willing to help your candidate get involved in a reunion group? Y N

Confidential information for the Lay/Spiritual Director about the candidate:

- In your opinion, does the candidate have the spiritual maturity to benefit from the Chrysalis weekend? Y N
- Why did you choose to sponsor this Chrysalis participant?

\_\_\_\_\_

- Please describe your candidate's personality, spiritual growth, and any specific physical needs to assist in table and room assignments: \_\_\_\_\_

- Is there anything else that we should be aware of regarding this chrysalis participant prior to the Chrysalis that would help us serve him/her better on the flight? \_\_\_\_\_

- Please list any known family members and/or friends on this Chrysalis flight: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Co-Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail completed reservation (all three pages) and flight fee to:**

**For Girl's flight #60 HS**  
 Hi-Sky Chrysalis Registrar  
 PO Box 10370  
 Midland, TX 79702  
 Questions: Anita Springer 432-553-6927  
 via email: registration@hiskyemmaus.com  
 Checks payable to: Hi-Sky Chrysalis

**For Boy's Flight #61 HS**  
 Hi-Sky Chrysalis Registrar  
 PO Box 10370  
 Midland, TX 79702  
 Questions: Anita Springer 432-553-6927  
 via email: registration@hiskyemmaus.com  
 Checks payable to: Hi-Sky Chrysalis

Reservations are due on Thursday, one week before the flight is scheduled to begin.

**For Office Use Only**

Date Received: \_\_\_\_\_ Flight #: \_\_\_\_\_ Paid – Check #: \_\_\_\_\_ Scholarship request? Y N Date granted: \_\_\_\_\_