

Hi-Sky Chrysalis Application

Flights Ages 15 – 19

Request for Reservation



Please print and fill in **ALL** blanks in **BLACK** ink

Flight choice: _____

To be filled out by candidate

NAME: _____

CIRCLE ONE: Male Female

ADDRESS: _____
(Permanent)

BIRTHDAY: _____

CITY, STATE, ZIP: _____

YOUR PHONE: _____

NAME FOR YOUR NAMETAG: _____

SCHOOL NOW ATTENDING: _____ CIRCLE ONE: Freshman Soph Jr Sr

CHURCH: _____

The following information pertains to your parents or spouse:

NAMES: _____

HOME PHONE: _____

ADDRESS: _____

Has the Chrysalis and the post-weekend follow up been explained to you? Yes No

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

Please enclose \$150 per person with this request for reservation. This is the full cost to you for the weekend and is refundable up to seven (7) days before the Chrysalis. Please make your check payable to Hi-Sky Emmaus. In the event that you must cancel, please notify the Chrysalis registrar (see below). Each person registering must be sponsored by someone who has already attended a Walk to Emmaus or Chrysalis. If the candidate is being sponsored by a youth, there must be an adult who co-sponsors. If a partial scholarship is needed, please complete the scholarship request on the back of this form. If you are receiving a scholarship from another source (eg: your church, your sponsor) please indicate that on the back.

YOUR SIGNATURE: _____ PRINT NAME: _____

PASTOR'S SIGNATURE: _____ PRINT NAME: _____

SPONSOR'S NAME: _____

SPONSOR'S ADDRESS: _____ WALK/CHRY'S ATTENDED: _____

City, State, Zip: _____ SPONSOR'S PHONE: _____

Please complete and have parent sign the health release attached if you are under 18, otherwise, sign for yourself.

[Updated 6/14/10]

HEALTH RELEASE FORM

To be completed by Parent, Guardian, or Self if over 18

_____ has my/our permission to attend the Chrysalis weekend. In the event of an emergency, and if I/we cannot be reached by telephone, 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, the cost for which I am responsible.

Parent, Guardian, or Self

Signature: _____ Phone: _____

If the above cannot be reached, please call:

_____ Phone: _____

Please list all allergies, medications being taken, medical problems, special diets, physical handicaps, or other pertinent information that may affect your attendance and well being at Chrysalis

Explain: _____

Social Security #: _____

Insurance Company: _____ Policy#: _____

SCHOLARSHIP REQUEST

No one will ever be prevented from attending a Chrysalis sponsored by the Hi-Sky Emmaus Community for financial reasons. However, you and/or your sponsor are urged to pay some portion of the Flight fee. Partial scholarships from the Hi-Sky Emmaus Community are available for up to \$50. If you need such assistance, please provide a brief statement explaining the circumstances surrounding the need and the amount requested.

PLEASE MAIL COMPLETED APPLICATION WITH CHECK TO:

Hi-Sky Chrysalis Registrar

Registrar's Phone: 432-770-1908

Attn: Peg Geer

PO Box 10370

Midland, TX 79702

APPLICATIONS MUST INCLUDE A PASTOR'S SIGNATURE
AND AT LEAST \$150 PRIOR TO PROCESSING

FOR OFFICE USE ONLY:

Date received: _____ Flight # _____

Paid _____ CK# _____ CK# _____ CK# _____

Scholarship request? YES NO Date granted _____