

Purchase Area Chrysalis Application



Please Print Clearly

APPLICATION SECTION:

Applicant Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Cell Phone #: (____) _____ - _____

Age: _____ Birth Date: _____ Male: _____ Female: _____

School: _____ Current Grade: _____ Graduation Yr. _____

E-mail Address: _____

Name for Name Tag: _____

Chrysalis does not discriminate based on denomination, race, sex, or national origin. THIS IS TO BE A TOBACCO FREE WEEKEND.

Has Chrysalis been explained to you? Yes _____ No _____

Please explain why you wish to go on a Chrysalis Flight and what you expect to happen.

Please enclose a *non-refundable* registration fee of **\$25** payable to Purchase Area Chrysalis. The remainder of the fee for the weekend (\$75) will be collected at Registration on Saturday morning. This is a total of \$100.

Scholarships are available for those who cannot pay.

Do you wish to apply for a scholarship? Yes ___ No ___

Applicant's Signature: _____ **Date:** _____

Applicants preferred method of communication with the Purchase Area Chrysalis Registrar: Email _____ USPS _____

SPONSOR SECTION:

Someone who has attended an Emmaus or Chrysalis weekend must sponsor you.

Sponsor: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Phone #: (____) _____ - _____

Email Address: _____

Sponsor's original Emmaus Walk or Chrysalis Flight location and number _____

Sponsor's preferred method of communication with the Purchase Area Chrysalis Registrar: Email _____ USPS _____

PARENT/GUARDIAN SECTION:

Parent/Guardian: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Phone #: (____) _____ - _____

Email Address: _____

Revised October 2019

Have you attended an Emmaus or Cursillo weekend? Yes ___ No: ___

My child has permission to attend the Chrysalis weekend and to be transported to scheduled Chrysalis events. In the event of an emergency and if we/I cannot be reached by phone, the Chrysalis staff has my permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being. I also give my permission for the Chrysalis staff to administer prescription and non-prescription medication if needed.

Signature of Parent/Guardian: _____ **Date:** _____

Parents preferred method of communication with the Purchase Area Chrysalis Registrar: Email _____ USPS _____

Emergency Information:

Please call: _____ Phone #: _____ if I cannot be reached. Please list medical problems, allergies, medications being taken, *special diet*, and other pertinent information.

CHURCH INFORMATION:

Church Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Phone #: (____) _____ - _____

Pastor's Name: _____

Email Address: _____

You will be contacted prior to the Chrysalis weekend by our registrar via method you selected above in the application.

Mail this form (along with Reference form completed by adult) to:

Purchase Area Chrysalis Registrar
1350 State Route 1708
Clinton, KY 42031

If you have any question or for more information, please contact
Jeanna Kimbell at 270-254-0667

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Purchase Area Chrysalis Reference Form **(To be filled out by an adult not related to the applicant.)**

The candidate should give this form to a pastor or youth minister who is unrelated to the candidate but who knows him or her very well. This form **cannot** be completed by a parent, relative or youth. This form will help us place the candidate in a group that will most benefit everyone.

Candidate's Name: _____

Name of **Adult** completing this form: _____

Adult's Phone # (____ - _____) How long have you known the candidate? _____

Chrysalis is for youth that are at least fifteen (15) years old and have completed their freshman year of high school through college sophomores. Chrysalis is a three-day Christian experience designed to build youth leadership in local churches and is for youth that want to strengthen their relationship with Christ. Why do you think this person would be a good candidate?

It is important that the adult leadership of Chrysalis be aware of any physical, spiritual, or emotional problems that this person may have. Please provide comments that will help us to understand and deal sympathetically with him or her. Comments about the person's home life, personality, and present relationship with Christ would be of great help. These comments are held in the strictest confidence.

Thank you for your help. Please pray for all candidates and team members of Chrysalis.

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