

# NEW COVENANT CHRYSALIS APPLICATION

(Completed applications must be in the hands of the Registrar no later than 2 weeks prior to each flight.)

## Applicant Information

PLEASE PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Name you wish to appear on your name tag \_\_\_\_\_ Male \_\_\_\_\_ / Female \_\_\_\_\_

Address \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ School Now Attending \_\_\_\_\_

Current / Completed Year \_\_\_\_\_ School Activities \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

## Preparatory Questions

Has the Chrysalis event been explained to you? \_\_\_\_\_ Have the follow-up gatherings been explained to you? \_\_\_\_\_

State briefly why you wish to participate in Chrysalis and what you expect from it: \_\_\_\_\_

## Pastoral Information

Name & Denomination of Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Church or Community activities \_\_\_\_\_

Pastor / Minister's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

## Medical & Parental Information (Applicants under 18 MUST have Parent / Guardian signature)

Medical allergies: \_\_\_\_\_

Medical problems: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

(Please write out a description of how & when each medication should be dispensed & turn in w/meds at registration.)

Special diet: \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

If I cannot be reached, please call \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ has my permission to attend 3-day Chrysalis event. In the event of an emergency, and 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. We further hereby do 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 or from this event.

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

## Applicant:

**Please return this completed form to your sponsor & enclose a deposit of \$30.00. This will be applied toward your contribution of \$110.00 which partially off-sets the expenses for the 3 days. Please make checks payable to New Covenant Chrysalis. THIS DEPOSIT IS NON-REFUNDABLE UNLESS THERE ARE NO OPENINGS FOR YOU. You will be notified of your acceptance and the date, location and time of your event. IMPORTANT: Please notify the registrar, Kerry Lawrence, at (256) 830-6830 immediately if you are unable to attend.**

# CHRYSALIS APPLICANT'S SPONSOR'S FORM

(to be filled out by Sponsor)

**NOTE TO SPONSOR FROM REGISTRAR:** Completed applications must be in my hands no later than two weeks prior to each flight. Please don't just leave application with your participant to complete... walk them through each step in the process. Then fill out the Sponsor's form below, & immediately MAIL this form & the \$30.00 registration deposit to:

New Covenant Chrysalis  
ATTN: Registrar  
P.O. Box 2376  
Madison, AL 35758

## Sponsor Information

PLEASE PRINT

Sponsor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-mail address \_\_\_\_\_  
Church / Denomination \_\_\_\_\_ Attend Regularly? \_\_\_\_\_  
When and where did you attend Emmaus, Chrysalis or Cursillo? \_\_\_\_\_  
Are you in a reunion group? \_\_\_\_\_ Where? \_\_\_\_\_

## Sponsor's Responsibilities

Have you fully explained Chrysalis to your applicant? \_\_\_\_\_  
Have you fully explained Chrysalis to his / her parents or guardian? \_\_\_\_\_  
Will you assist your applicant in finding a Reunion Group or similar support group to join? \_\_\_\_\_  
Will you pray and sacrifice for your applicant? \_\_\_\_\_  
Will you bring your applicant to the Flight Send-off? \_\_\_\_\_  
Will you attend the Sponsor's Hour, Candlelight and Closing? \_\_\_\_\_  
Will you bring your applicant to the Follow-up meeting when it is held? \_\_\_\_\_  
Will you bring your applicant to the Chrysalis "One Touch" / Emmaus Gathering? \_\_\_\_\_  
If your answer is no to any of the above questions, will you arrange for a person to fulfill your responsibilities in these areas? \_\_\_\_\_

## Special Needs of Applicant

Does your applicant have the physical, mental & spiritual health needed to attend this Flight? \_\_\_\_\_  
Is your applicant under any temporary emotional strain that might indicate that participation should be postponed for a later flight? \_\_\_\_\_  
Are there any additional circumstances concerning this applicant of which this team should be aware? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Sponsor Reminder

Sponsor, please remember that the Chrysalis Flight is an intense program of Christian study and spiritual growth. It is **NOT** a weekend retreat or cure-all. It is good if the applicant is active in church or a campus mainline religious organization, and desires an opportunity to grow in Christ and enhance their participation in Church.

Sponsor's Signature \_\_\_\_\_