

NEW COVENANT CHRYSALIS APPLICATION

For Grades 8-12

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

Applicant Information

PLEASE PRINT CLEARLY

Last Name _____ First Name _____ MI _____
Name you wish to appear on your name tag _____ Male _____ Female _____
Address _____ City _____
State _____ Zip _____ Applicant's Cell Number (____) _____ Age _____
Birthday _____ Applicant's E-mail Address _____
T-Shirt size _____ School Attending _____ Current Grade _____
Applicant's Signature _____

Preparatory Questions

Has the Chrysalis event been explained to you? ____ State briefly why you wish to participate in Chrysalis and what you expect from it: _____

Pastoral Information

Church Name/Denomination _____ Pastor Name _____
Pastor/Minister's Signature _____ Date _____ Phone _____

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

Medical issues/allergies and physical limitations: _____

Medications being taken: _____

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

Special diet/food allergies: _____

Other pertinent information: _____

_____ has my permission to attend the 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. I further hereby do release and forever indemnify NCEC, Chrysalis, its Board members, and volunteers 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 including loss or injury resulting from negligence.

Parent / Guardian Signature _____ Date _____ Phone _____

Parent / Guardian PRINTED NAME _____

If I cannot be reached, please call _____ Phone _____

Applicant:

Please return this completed form to your sponsor & enclose a non-refundable deposit of \$30.00. This will be applied toward your total registration fee of \$125.00 which off-sets the expenses for the 3 days. Please make checks payable to **New Covenant Chrysalis**. If you or your parents are unable to cover the total registration fees, work with your sponsor to identify alternative sources of funding. THE 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, Jeana Kowderduck, at (256) 651-0031 or Chrysalis@Hiwaay.net immediately if you are unable to attend. Applications will be kept on file for 2 years for those that could not attend.

Please note that applicants age 19 and over will be checked in the sex offender database.

For Registrar's use only: Date Received _____ Amount Received _____

Applicant's Name: _____

CHRYSALIS APPLICANT SPONSOR 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 hand the application to your applicant 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

Electronic forms, with a digital signature, may be e-mailed to: Chrysalis@hiwaay.net
Please note that forms submitted via e-mail still require a \$30 deposit.

Sponsor Information

PLEASE PRINT CLEARLY

Sponsor's Name _____

Address _____

City _____ State _____ Zip _____ Cell Phone (____) _____

Work Phone (____) _____ E-mail address _____

When and where did you attend Emmaus, Chrysalis or Cursillo? _____

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 "RuSH" / Emmaus Gathering? _____

If your answer is no to any of the above questions, will you arrange for a person to handle it? _____

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 suggests postponement to a later flight? _____

Are there any additional circumstances concerning this applicant of which this team should be aware? _____

If so, please explain: _____

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. Your applicant or their family is responsible for the participation fee. If you want to help with those expenses, you are encouraged to do so as an act of agape. For additional financial help, relatives, friends, or church should be contacted promptly so there is time to plan for that expense. There is limited scholarship assistance available in extreme cases. **Contact the registrar at least two weeks before the flight if scholarship assistance will be needed.**

Sponsor's Signature _____ Date _____