



Richmond Area Chrysalis Community (Youth Walk to Emmaus)

Chrysalis Flight # _____ Preferred name for name tag _____

Please PRINT

NAME: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
BIRTHDATE: _____ AGE: _____ GRADE: _____ MALE: _____ FEMALE: _____
EMAIL ADDRESS _____

Name and Denomination of church you attend: _____

Pastor's Name: _____

In what religious or community organizations are you active? : _____

In what school organizations are you active?: _____

If employed, what is the nature of your employment?: _____

Are you on a special diet? Explain: _____

Why do you wish to be involved in Chrysalis and what do you expect from it?

YOUTH'S SIGNATURE: _____ **DATE :** _____

Sponsor's Name: _____ Sponsor's Phone: _____

Sponsor's Address: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

_____ has my permission to attend the Chrysalis weekend.

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.

PARENT'S SIGNATURE: _____ **DATE:** _____

If above cannot be reached call: _____ Phone: _____

Please list any medical allergies, medication being taken, special diets.: _____

Other information.: _____

The emergency medical form that is attached MUST BE COMPLETED AND RETURNED WITH THIS APPLICATION FOR IT TO BE PROCESSED.

All of the information above is necessary for proper placement in a Chrysalis Flight.

Please fill in all blanks. **Enclose a \$20 deposit**, which will be applied toward your total fee, or you may enclose the entire \$60 fee. Make checks payable To: Richmond Area Chrysalis Community. You will be notified of your acceptance and the dates and location of your flight.

Mail completed application to: **Richmond Area Chrysalis Registrar**
P.O. Box 51
Richmond, IN. 47375

If you submit a deposit only, please bring \$40 with you to the flight.

(BACK MUST BE COMPLETED ALSO)

Candidate should give this form to Pastor, youth counselor or a teacher who know him/her well.
 This form will help us to place the candidate in a group where they will benefit the most.
 This information will be kept in **STRICT CONFIDENCE**.

CANDIDATES' NAME : _____
School : _____ **City :** _____ **Grade :** _____
YOUR NAME : _____ **ADDRESS :** _____
CITY : _____ **STATE :** _____ **Ph. #** _____
 How long have you know the candidate? _____
 In what capacity? _____

Please circle the appropriate response and comment as necessary.
 Chrysalis is a religious experience for youth who have GRADUATED FROM THE NINTH GRADE, AND REMAIN ELIGIBLE THROUGH THE SUMMER AFTER THEIR GRADUATION FROM HIGH SCHOOL. (15-19)

Exercise of Leadership	None	Poor	Good	Excellent
Comments: _____				

Areas of Leadership	School Social	Church Student	Athletics Drama	Other Music
Comments : _____				

Maturity	Low	Average	Mature	Very Mature
Comments : _____				

Psychological adjustment	Poor	Average	Good	Excellent
Comments : _____				

Peer Relationships	Quiet	Talkative	Well-liked	Domineering
Comments : _____				

Please furnish any other information that would be helpful for the team.
 Comments about the candidate's home life, interest, difficulties or hopes
 would be of great help. **THANKS FOR YOUR TIME AND INTEREST.**

SPONSOR'S NAME : _____ **ADDRESS :** _____
CITY : _____ **STATE :** _____ **ZIP :** _____ **Ph. #** _____

Have you served as a sponsor before? _____
 Are you willing to pray and sacrifice for your butterfly? _____
 How long have you known the youth? _____
 Will you bring your butterfly to the weekend? _____
 Will you take your butterfly home? _____
 Will you attend sponsor's hour? _____ Candlelight : _____ Closing : _____
 Will you accompany your butterfly to the first gathering? _____
 Will you help find your butterfly a sharing group? _____
 Any additional comments : _____

