

**Instructions:**

1. Fill out the personal information in the following boxes.
2. Get your parent's signature. No applications will be accepted without this signature.
3. Return the application ***along with the \$70.00 registration fee to your sponsor.*** You must be sponsored by someone who has been through Chrysalis or the Walk to Emmaus or other similar three day experiences.
4. You will be notified of your acceptance approximately 4 to 6 weeks before the Chrysalis begins.
5. IMPORTANT: If you find out that you cannot attend please let me know as soon as possible since there is usually a waiting list.

**TO BE COMPLETED BY THE CANDIDATE**

**Personal Information (Please Print Legibly)**

Name (Wanted on Name Tag): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Birth date: \_\_\_\_\_

Gender: \_\_\_M\_\_\_ F Age: \_\_\_\_\_ Grade/Yr.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

**Getting to Know You (Please Print)**

Church Attending: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

School You Attend: \_\_\_\_\_

School/Church Activities: \_\_\_\_\_

\_\_\_\_\_

Do you require special meals? (If yes, please explain)

\_\_\_\_\_

\_\_\_\_\_

Do you have any health problems that might affect your participation in Chrysalis? (If so, explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special medications taken: (please list medications and times taken)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State Briefly why you wish to attend Chrysalis and what do you expect from it:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ has my/our permission to attend the Chrysalis weekend. In the event of an emergency and I cannot be reached by phone, the Chrysalis Staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being.

Parent's/ Guardian Signature (not required if over 18) Phone Number Other Contact (if I cannot be reached) Phone Number

**To be completed by the Sponsor** (sponsor must have attended Chrysalis or the Walk to Emmaus or other 3 Day Experience)

Sponsor's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Sponsors return this form (with check) to:** Rebecca Ferguson - Registrar 229-938-3916  
 211 Forestside Circle, Americus GA 31709 Email: [chrysalisregistrar@live.com](mailto:chrysalisregistrar@live.com)