



# Central Texas Conference Chrysalis Application

**Registrar's Use Only**

Check No. \_\_\_\_\_

Amount: \_\_\_\_\_

Amt. Due: \_\_\_\_\_

Sched. for: \_\_\_\_\_

Card Mailed: \_\_\_\_\_

**Flight**  
Ages 15-18  
and completed 9th  
grade

**Journey**  
Ages 18-25  
and completed  
high school

Each applicant for a CTC Chrysalis must be sponsored by someone who has attended a Chrysalis Flight or Journey, Walk to Emmaus, or Cursillo. Please provide all of the requested information so we can schedule you properly. Both sides of this form must be completed.

**Applicant Information (Please Print)** **All Applicants**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  Male  Female

Name you'd like on your nametag \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth (M/D/Y) \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ E-Mail Address at Home \_\_\_\_\_

College/Univ. Address (if appl) \_\_\_\_\_  
Mailing Address City State Zip

Class **FR SO JR SR** School Phone \_\_\_\_\_ School E-Mail \_\_\_\_\_  
Circle One

**Church Information** **All Applicants**

Name, Denomination and Location of Church Attending \_\_\_\_\_

Name of Local Church Pastor or College Campus Minister \_\_\_\_\_

**Preparation Questions** **All Applicants**

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

Explain briefly why you wish to attend a Chrysalis and what you expect from it: \_\_\_\_\_

\_\_\_\_\_

Month you would prefer to attend a Chrysalis (please circle): **JUL** **DEC**

Please check with your Sponsor for the most current Chrysalis schedule and discuss with him or her which months may be best for you to attend. We will attempt to schedule you as close to your preferred date as possible, but please be aware that your first choice may not always be available. The Registrar will work with you and your Sponsor to try to accommodate your schedule needs.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**Completed Applications** **All Applicants**

Please enclose your \$100.00 registration donation with this request. Please make all checks payable to **Central Texas Conference Chrysalis** (or to **CTC Chrysalis**). You will be notified by the Registrar of your acceptance and the dates, location, and time of your Chrysalis Flight or Journey. **IMPORTANT:** Please notify the Registrar immediately if you are not able to make this Flight or Journey - others may be on a waiting list for that particular Flight or Journey, and doing so may make it possible for them to attend. Thanks!

**Please mail this completed application (both sides complete!) and your registration fee to:**

Richard Thompson  
Chrysalis Registrar  
2541 South IH 35, suite 200-283  
Round Rock, TX 78664-7357

**Medical Information (Please Print)**

**All Applicants**

Are you on any special diet? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
Are you taking any medication? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
List any allergies you may have \_\_\_\_\_  
Please describe any health or physical complications that you think the team should know about \_\_\_\_\_  
\_\_\_\_\_

**Medical Authorization**

**(Applicants UNDER 18 MUST have notarized Parent/Guardian Signature)**

I am the parent / guardian of \_\_\_\_\_ who has my permission to attend the CTC Chrysalis event. During this time I may be reached at:

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_ Last Tetanus Shot \_\_\_\_\_

I understand that my son / daughter will be in the care of adult Chrysalis staff members. In case of emergency and where I cannot be readily contacted, I hereby authorize any medical treatment that may be necessary to be administered to my child, the cost for which I shall be responsible.

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

Subscribed and sworn to before me, a Notary Public, in \_\_\_\_\_ County, Texas, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
**Day Month Year**

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My commission expires

**Sponsor's Information (Please Print)**

**All Applicants**

Sponsor's Name \_\_\_\_\_

Sponsor's Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work/School Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

When and where did you attend your Chrysalis or Walk to Emmaus? \_\_\_\_\_

Have you fully explained Chrysalis to your applicant? \_\_\_\_\_ To his or her parents? \_\_\_\_\_

Do you commit to pray and sacrifice for your applicant? \_\_\_\_\_ To bring your applicant to the Flight or Journey? \_\_\_\_\_

Will you attend Sponsor's Hour, Candlelight, and Closing? Will you bring your applicant to Hoots / Gatherings? \_\_\_\_\_

Are you committed to helping your applicant to either find an existing Reunion Group or establish a new Reunion Group? \_\_\_\_\_ If you answered any of the above questions with "no," will you arrange for another person to fulfill your responsibilities in these areas? \_\_\_\_\_

Sponsors, please remember that Chrysalis is an intense program of Christian study and spiritual growth. It is not simply a weekend retreat, nor is it a "cure-all." It is important for applicants to be active in a church or in a campus mainline religious organization and to be desirous of an opportunity to grow in Christ and enhance their participation in the Body of Christ.

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