


Cross Bayou Chrysalis Application

FORM, ALONG WITH PAYMENT, MUST BE RETURNED TO YOUR SPONSOR

Name _____ Nametag name _____
 Address _____ City _____ State ____ Zip _____
 School _____ Date of graduation _____ T-shirt size _____
 Sex: Female / Male

PARENT/GUARDIAN

Name (s) _____
 Phone (H) _____ (Alternate Number) _____

IN CASE OF EMERGENCY, IF PARENT/GUARDIAN IS UNABLE TO BE REACHED PLEASE
 Contact: _____

NAME	PHONE	RELATIONSHIP
------	-------	--------------

Y N Have you been informed to expect **NO** outside contact during the weekend, except in the case of an emergency?

Y N Has it been explained to you that all flights are **SMOKE FREE** events?

I, the parent/guardian, give my son/daughter permission to attend this Chrysalis Three Day Weekend.

Parent/Guardian Signature	Date
---------------------------	------

Pastor/Youth Pastor-Director Signature	Date
--	------

Participant's Signature	Date
-------------------------	------

NOTARY REQUIRED IF APPLICANT IS UNDER 18

Subscribed and sworn to before me, A Notary Public, in _____

Parish/County Louisiana/Texas the _____ day of _____ 20____

Signature of Notary Public _____

My Commission expires _____

Cross Bayou  Application

MEDICAL AUTHORIZATION
REQUIRED BY ALL APPLICANTS REGARDLESS OF AGE

I am the parent/guardian of _____

During the event I can be reached at _____
Please give a telephone number and alternate number

Doctor's Name _____ Phone Number _____

Insurance Provider _____ Phone Number _____
PLEASE PROVIDE PHOTO COPY OF INSURANCE CARD, FRONT AND BACK

Participant's SSN# (This is needed in the case of emergency treatment) _____

Date of last Tetanus shot _____ Are there any medication to be taken during the weekend? Y/N

List Medication _____

List Allergies _____

Explain any special dietary requirements _____

Describe any health accommodations that might be needed. This includes physical, mental, spiritual or emotional. All information is confidential. _____

COST OF FLIGHT IS \$70.00.
Make all checks payable to Cross Bayou Chrysalis

Cross Bayou  Application

TO BE COMPLETED BY SPONSOR

COST OF FLIGHT IS \$70.00.

Make all checks payable to Cross Bayou Chrysalis

Your Name _____ Phone Number (____) _____

Address _____ City _____ St. _____ Zip _____

E Mail Address _____ Your Church _____

What three day weekend did you attend? _____ When _____ Where?

_____ Walk/Flight # _____

- Y/N Does your candidate have the physical and mental health needed for Chrysalis Flight Weekend?
- Y/N Have you informed the candidate that they should expect **NO** outside contact during the weekend, except in the case of an emergency?
- Y/N Have you explained that all flights are **SMOKE FREE** events?
- Y/N Will you personally bring the candidate to the site?
- Y/N Will you pray for your candidate?
- Y/N Will you sign up for the 72 hour prayer vigil?
- Y/N Are you able and willing to assist candidate to get into a **Reunion Group**?

As a sponsor, are you willing to **say "YES" to Christ** – to fulfill your responsibilities so that His grace and love are revealed through your actions?

CONFIDENTIAL INFORMATION FOR THE LAY AND /OR SPIRITUAL DIRECTOR

Why did you sponsor this person for a Chrysalis Flight? _____

If possible, describe your candidate's personality, spiritual growth, ect. to assist the team in seating and room assignments. _____

Mail Completed forms and fees to:
Bonnie Keene
110 Peaceful Bay
Homer, La. 71040