



OFFICE USE ONLY	
APPLICATION NUMBER	
DATE RECEIVED	
DEPOSIT PAID	
ACKNOWLEDGEMENT	
ACCEPTANCE	

**2 Cor 5: 17 Therefore, if anyone is in Christ, he is a new creation, the old has passed away, behold the new has come**

**CHRYSALIS FLIGHT APPLICATION FORM**  
**DEADLINE FOR APPLICATIONS: 6 WEEKS BEFORE FLIGHT**

This is only an application. If you are accepted, you will be notified by mail or phone about one month before the scheduled Flight. All of the information on this form is necessary for your proper placement in Chrysalis. Please enclose a registration deposit of **\$30.00**. This deposit is applied toward your total contribution of **\$75.00**, which is due on the day of the Flight. The deposit is **non-refundable**. However, if you are unable to attend this flight, your deposit will be applied to the next scheduled flight. After you have completed this application, please give it to your sponsor for completion. The information you provide will be kept confidential. Thank you for your spirit of cooperation.

**PLEASE PRINT**

GENDER Male ( ) Female ( ) Name of High School \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE #(\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

NAME DESIRED ON NAME TAG: \_\_\_\_\_

NAME OF CHURCH/YOUTH GROUP NOW ATTENDING \_\_\_\_\_

IN WHAT RELIGIOUS AND/OR COMMUNITY ORGANIZATIONS ARE YOU ACTIVE? (I.E. RIVER OF LIFE, SOUP KITCHEN, CHURCH MISSIONS): \_\_\_\_\_

- Has your sponsor satisfactorily explained “Chrysalis” to you? (i.e., follow-up meeting, reunion groups, and monthly Chrysalis community get-togethers? YES ( ) NO ( )
- Do you understand that you are expected to participate in a continuing program of spiritual growth? YES ( ) NO ( )

**MEDICAL & PARENT INFORMATION (UNDER 18 MUST HAVE PARENT’S SIGNATURE)**

List medical allergies, medications being taken, medical problems, special diet, or other pertinent information:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PARENT, PASTOR, AND SPONSOR SIGNATURE REQUIRED ON BACK**

\_\_\_\_\_ has my permission to attend the Chrysalis weekend. In the event of an emergency and, if I cannot be reached by telephone, 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. We further do hereby release and discharge Georgia-Lina Chrysalis, its board and members 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 and at this event.

Parent/guardian signature \_\_\_\_\_ date \_\_\_\_\_ phone(w) \_\_\_\_\_  
(h) \_\_\_\_\_

Applicant's signature/date \_\_\_\_\_ applicant's pastor signature/date \_\_\_\_\_ youth sponsor  
signature/date \_\_\_\_\_

\_\_\_\_\_ Adult sponsor's signature/date

(all signatures are required or application will be returned to the sponsor and your registration will be delayed)

**ATTENTION SPONSOR  
VERY IMPORTANT—READ AND SIGN**

Please read the following statement carefully and give it prayerful consideration:

Chrysalis is a method of Christian renewal in the church. Individuals recommended for Chrysalis should be currently active in a local church and have a desire to deepen their faith and become closer to Christ in their Discipleship. As a sponsor I am required to provide information to the applicant to assist him/her in the decision to attend a weekend, to help him/her to enter fully into the Chrysalis fellowship after the weekend, to provide prayer and other support and to provide transportation to and from Chrysalis weekend. I have discussed with my caterpillar and will help him/her to get to the follow-up fellowship. I will assist my Butterfly (former caterpillar) into getting into a reunion group. I will pray for my caterpillar, beginning now and continuing thru the Next Steps. I am responsible that the registration fee is fully paid at the time of send-off.

\_\_\_\_\_ Signature of sponsor/date

**TO BE COMPLETED BY SPONSOR----PLEASE PRINT**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone# \_\_\_\_\_ Work phone# \_\_\_\_\_ e-mail \_\_\_\_\_

Attended (check one)  Emmaus  Chrysalis  Cursillo  Tres Dias  Happening  Other  
Number \_\_\_\_\_ Date \_\_\_\_\_ Where \_\_\_\_\_

**Mail application to:**

Georgia-Lina Chrysalis  
Debbie Newton  
4458 Cape Cod Dr  
Evans, GA 30809  
(706) 650-2019