The United Methodist Church Conference of
North Central New York
Young Mens/Womens co-ed CHRYSALIS Application

PASTORS REFERENCE FORM

***TO BE FILLED* OUT *BY A PASTOR (or youth leader if candidate is better known to that person):* Please return this form to the candidates sponsor or to: *NCNY Chrysalis Application, Attn: Betsy Schuessler, 3474 Stiles Road, Syracuse, NY 13209* (315-399-4949 or butterflybetsy12@hotmail.com.) This form should **NOT** be returned to the candidate.

This form should be filled out completely and thoroughly. It will help us to place the candidate in a small group where he/she will benefit the most. The Chrysalis officials will keep this information in STRICT CONFIDENCE, and all forms will be destroyed at the end of the weekend.

Candidate Name: _____

Church: _____District: _____

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Pastor's Signature: _____ Phone: _____
Address: _____
Email address: _____