

<b>FOR REGISTRAR'S USE ONLY</b>
Date Received:
Flight Attended:
Deposit Paid:
Registrar:

## Reservation Request for a CHRYSALIS FLIGHT

In cooperation with the Chattanooga/Lafayette Chrysalis Community, this is a three-day spiritual renewal weekend designed for young people who are of high school age. (AGES 14 - 25).

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Best Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Name preferred on name tag: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name and denomination of church now attending: \_\_\_\_\_

List religious and/or community organizations of which you are a member: \_\_\_\_\_

School you attend: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Circle one) **Male Female** Grade/Year in School \_\_\_\_\_

Do you have a health condition or physical disability that may affect your weekend? **Y N**

If **Yes**, please explain: \_\_\_\_\_

Are you on medication or a special diet? **Y N**

If **Yes**, please explain: \_\_\_\_\_

State briefly why you wish to participate in a Chrysalis Flight and what your expectations are:

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

\_\_\_\_\_  
**Candidate's Signature**

- \* Please fill out *this* page of the application completely and legibly. The candidate must submit this application to a sponsor.
- \* The sponsor will complete the *second page* and submit this application to the Chrysalis Registrar.
- \* **Please have parents sign permission/authorization section of this form or this application will not be approved. (IF UNDER 18)**

**Parent/Guardian Authorization**

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

**Signature of Parent or Guardian** \_\_\_\_\_ Phone \_\_\_\_\_

If I/we cannot be reached, please call \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical allergies, medications being taken, medical problems, special diet, or pertinent information:

\_\_\_\_\_

# CHATTANOOGA/LAFAYETTE CHRYSALIS COMMUNITY

## Sponsor's Information

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

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Best Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Name and Denomination of church now attending: \_\_\_\_\_

Location and date of your Walk, Journey, or Flight: \_\_\_\_\_ Number \_\_\_\_\_

Are you now in a reunion group? **Y N** Do you now receive the Newsletter? **Y N**

How many candidates have you sponsored? \_\_\_\_\_ During the past year? \_\_\_\_\_

How long have you known the candidate? \_\_\_\_\_

Why do you feel that this person should be a good candidate? \_\_\_\_\_

Does the candidate have the physical and mental health needed for a Chrysalis Flight weekend? **Y N**

If No Explain: \_\_\_\_\_

Are you willing to assist the candidate to get into a reunion group? **Y N**

<b>Will you:</b> Bring your candidate to Send-Off?	<b>Y N</b>
Attend Sponsor's Hour?	<b>Y N</b>
Attend Candlelight?	<b>Y N</b>
Attend Closing?	<b>Y N</b>

Have you explained the post weekend meetings? **Y N**

Are you aware of the importance of minimal contact with your candidate during the weekend, especially if the candidate is your boyfriend/girlfriend or spouse? **Y N**

Have you enclosed the \$50.00 registration fee? **Y N**

*Total walk cost: \$150.00*

**Please mail this completed application and \$50.00 fee to the following address:**

Melissa Martin  
CHRYSALIS REGISTRAR  
1419 Innisbrook Dr.  
Hixson, TN 37343  
423-432-7571

**\*\* Before the journey you will be receiving information regarding your candidate and his/her journey. Please respond to requests mentioned in the information as soon as possible. \*\***