

# Southeast Florida Chrysalis

Application Form  
To be completed by Candidates



All of the following information is necessary for your proper placement in a Chrysalis.  
Please fill in all areas. (Please print or type)

Age	<input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24	Flight Journey	Date of Birth:
Last Name:		First Name:	
Preferred Name::			
Street Address:			
City:		State:	Zip Code:
Primary Phone:		Alternate Phone:	
E-Mail Address:		<input type="radio"/> Male <input type="radio"/> Female	T-Shirt Size:
School you attend:		Grade:	Graduation Year:
School activities:			
Are you on a special diet? <input type="radio"/> No <input type="radio"/> Yes	(If yes please specify)		
Are you on any special medication? <input type="radio"/> No <input type="radio"/> Yes	(If yes please specify)		
Do you have a health or physical handicap or allergy that may affect your attendance at a Chrysalis? <input type="radio"/> No <input type="radio"/> Yes	(If yes, please specify)		
In what religious and/or community organizations are you active:			
Has Chrysalis been explained to you? <input type="radio"/> No <input type="radio"/> Yes	Has the follow-up program of group reunion been explained to you? <input type="radio"/> No <input type="radio"/> Yes		
State briefly why you wish to participate in Chrysalis and what you expect from it:			
Name of church now attending:		Denomination:	
First Sponsor's Name		Second Sponsor's Name	
Candidates Signature:		Date:	
<b>Pastor's or Youth Director's Signature is required</b>			

**If you are under 18 years old, you must also complete the Emergency Permission form on the next page.**

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## Emergency Permission

To be completed by parent or guardian if candidate is **under 18** years old.

In the event of an emergency, illness or accident, parents or guardian will be contacted at the earliest possible moment. However, as contacts cannot always be made immediately, we need emergency permission for medical care signed and <b>notarized. Everything must be completed on this form!</b>		
In the event that _____ suffers any illness or accident requiring emergency hospitalization, medication, or surgery while participating in the Chrysalis Weekend. I hereby give permission to the person in charge of the weekend in consultation with local medical personnel, understanding that I will be contacted at the earliest possible moment.		
Signed:	Relationship:	
Home Phone:	Work Phone:	
Street Address:		
City:	State:	Zip Code:
<b>Insurance Information</b>		
Insurance Company:		
Policy Number Code:		

## To be completed by Notary Public:

State of:	
County of:	
The foregoing instrument was acknowledged before me this _____ day of _____	
by _____ who is personally known to me and who did not take an oath.	
Notary Public Signature:	(Seal)

Please return this form to your sponsor. Some who has been to Chrysalis or Emmaus must sponsor you. Two sponsors are required. If you do not have sponsors, we will try to find them for you.

The total cost of a Chrysalis weekend is \$90.00. Please enclose a pre-registration deposit if \$15. This fee is not refundable unless we have no openings for you. The balance of \$75.00 will be payable on your weekend. Please make check payable to Southeast Florida Chrysalis.

You will be notified of your acceptance and the dates and location of your weekend. Please notify us immediately if you cannot come so someone else can attend.