

# Emmanuel Chrysalis Caterpillar Application and Reservation Request

## Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ ☐ M  
Name Wanted on Name Tag: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ ☐ F  
(mm/dd/yy)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_( ) \_\_\_\_\_ Email Address: \_\_\_\_\_  
School Now Attending: \_\_\_\_\_ Current Year Completed: \_\_\_\_\_  
School Activities: \_\_\_\_\_  
List Religious Organizations you Participate In: \_\_\_\_\_

T-Shirt Size:

☐ S ☐ M ☐ L ☐ XL ☐ XXL

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Preparatory Questions

Has the Chrysalis Weekend been explained to you and your Parents/Guardians? \_\_\_\_\_

Have the follow-up gatherings been explained to you? \_\_\_\_\_

State briefly why you wish to participate in Chrysalis and what you expect from it: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Pastoral Information

Name/Denomination of Current Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Attended Emmaus/Chrysalis? \_\_\_\_\_

\_\_\_\_\_  
Pastors Signature

\_\_\_\_\_  
Date

## Medical and Parental Information

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

If I cannot be reached, please call: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please attach a copy of your child's insurance card.*

\_\_\_\_\_ has my 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 our permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being. I/we will not hold Camp Loy White, the Upper Room, or the Emmanuel Chrysalis Committee responsible for any accident/emergency in which my/our child may be involved.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

**\*\*North Carolina consumption laws for tobacco products say: For any person under the age of 18 years old in the state of North Carolina the sure of tobacco products in a misdemeanor crime. The Emmanuel Chrysalis Board will obey and observe the law of the land, and in no way wishes to encourage, support, or condone the use of tobacco products or any controlled substance.\*\***

*This page is for the Applicant and the Applicants Parent(s) or Guardian(s).*

## Sponsor Information

Sponsor's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_(\_\_\_\_\_)\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Alternate Phone: \_(\_\_\_\_\_)\_\_\_\_\_  
Church/Denomination: \_\_\_\_\_ Attend Regularly: \_\_\_\_\_  
When/Where did you attend Chrysalis/Emmaus?: \_\_\_\_\_  
Do you receive the Emmanuel Community Newsletter? \_\_\_\_\_ Would you like to? \_\_\_\_\_  
How long have you known the Applicant? \_\_\_\_\_ Why would they be a good candidate? \_\_\_\_\_  
Are you in a Reunion Group? \_\_\_\_\_ Which one? \_\_\_\_\_

## Sponsor's Responsibilities

Have you fully explained Chrysalis to your applicant? \_\_\_\_\_  
Have you fully explained Chrysalis to his/her parents? \_\_\_\_\_  
Will you assist your applicant in establishing a Reunion Group? \_\_\_\_\_  
Will you pray and sacrifice for your applicant? \_\_\_\_\_  
Will you bring your applicant to Send-Off? \_\_\_\_\_  
Will you attend Sponsor's Hour? \_\_\_\_\_ Candlelight? \_\_\_\_\_ Closing? \_\_\_\_\_  
Will you bring your applicant to the Next-Steps meeting when it is held? \_\_\_\_\_  
Will you bring your applicant to the Chrysalis Hoots? \_\_\_\_\_

## Special Needs of the Applicant

Does your Applicant have the physical and mental health to attend this weekend? \_\_\_\_\_  
Is your applicant under any temporary emotional strain that might indicate that participation should be postponed for a later weekend? \_\_\_\_\_  
Have the parents/guardian of your applicant participated in Emmaus or Chrysalis? \_\_\_\_\_  
Are there any additional circumstances concerning this applicant of which this Chrysalis team should be aware? \_\_\_\_\_  
Does this applicant require a bottom bunk? \_\_\_\_\_  
List any allergies, medications being taken, medical problems, special diet, or other pertinent information: \_\_\_\_\_

## Sponsor Reminder

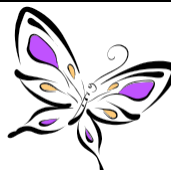
Sponsor, please remember that the Chrysalis Weekend is an intense program of Christian study and spiritual growth. It is NOT a weekend retreat or cure-all. It is good if the applicant is active in church or a campus mainline religious organization, desires an opportunity to grow in Christ and enhance their participation in church. As a sponsor you also understand that although you may be present during the weekend you are not to be seen by your applicant. If at any time you have questions regarding your applicant please contact the Chrysalis Board.

\_\_\_\_\_  
Sponsors Signature

\_\_\_\_\_  
Date

## Completed Applications

Emmanuel Chrysalis Community—Registrar  
17307 Delaney Drive  
Concord, NC 28027  
Questions? tmshuford@gmail.com



Please include a \$50.00 Pre-Registration Fee with this application. The other \$50.00 should be turned in at registration on the morning of the flight!