

**Chrysalis - Request for Reservation
Llano Estacado Emmaus/Chrysalis Community**

Dear Candidate:

All of the information requested is necessary for your proper placement in the Chrysalis Flight. Incomplete applications are not considered and will be returned. The fee is \$125 for all flights. The fees must accompany this application. Once you are accepted, only \$115 will be refunded upon cancellation. Scholarships are available and should be arranged through your sponsor. Upon acceptance, you will be notified by mail and other information necessary will be provided. Please note that the medical release from is a part of this application and must be signed and notarized.

Please check applicable date and Flight #:

_____ H.S. Boys' Flight # _____ H.S. Girls' Flight # _____

Applicant Information: (must have completed freshman year of high school)

Name _____ Birth date _____

Preferred Name-Tag Name (if different) _____

Grade completed at time of Chrysalis _____ School Attending _____

Present Address _____

City _____ State _____ Zip Code _____

Permanent Address _____

City _____ State _____ Zip Code _____

Name/Denomination of Church Now Attending _____

Are you actively involved in a youth group at your church? Yes _____ No _____

Your Signature _____ Home Phone _____

Pastor or Youth Director's Name _____

Pastor or Youth Director's Signature _____

Sponsor's Information: (Must have attended "Walk" or "Chrysalis".)

Sponsor's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Community Affiliation _____

**Medical Information and Authorization
Llano Estacado Emmaus/Chrysalis Community**

It is mandatory that this entire page be completed for those applicants under 18 years old. Applicants 18 years old and older complete 1 - 5 in the middle of the page.

I, _____, am the parent/guardian of

_____, who has my permission to attend the

Chrysalis weekend. During this time I may be reached at the following address and phone numbers.

Address: _____

Home Phone: _____

Work Phone: _____

Please provide the following information about the candidate:

1. List any Allergies _____

2. Special Medication _____

(If so, please send medicine in prescription container, labeled with instructions and content.)

3. Doctor's name and phone number _____

4. Special Diet _____

5. Special health problems or physical handicap that may affect candidate's participation: _____

AUTHORIZATION:

I understand that my son/daughter will be in the care of the Chrysalis adult staff members. In the case of an emergency and in case I cannot be readily contacted, the Chrysalis Staff has my permission to secure any medial treatment available for my child. I also understand that I will be responsible for the cost of such medical treatment.

Signature of Parent/Guardian Date

Notary Declaration:

Subscribed and sworn before me, a Notary Public in _____

County, Texas, on this _____ day of _____ 19 ____.

Signature of Notary _____

My Commission Expires _____

Llano Estacado Chrysalis Community
Sponsor's Application

SPONSOR: Please fill out this form completely and send with the candidate's application and application fee to the address on the bottom of the application. It is important that YOU as sponsor take care of this process.

Sponsor's Name _____ Where did you go on your Walk to Emmaus/Chrysalis /Kairos / Cursillo?
When? _____ Where? _____ Walk/Flight Number _____

Mailing Address: _____
E-Mail _____ Have you attended a community meeting? _____
City: _____ State: _____ Zip: _____ Church Denomination: _____
Home Phone: (____) _____ How long have you know the candidate? _____
Work Phone: (____) _____

Have you attended Sponsorship Training? _____

It is important for the success of the Chrysalis for you to be a **fully participating sponsor**. Please answer each question. If you cannot answer "Yes" to all questions on below, then attach a separate sheet explaining why you cannot fulfill the sponsor's duties. These explanations will be reviewed before the application is processed.

Name of Candidate: _____ Are you willing and able to assist the candidate in joining a Reunion Group? ____ Yes ____ No

Name desired on name tag: _____ Have you explained the post Emmaus meetings? ____ Yes ____ No

Explain any special physical or mental health needs Of the candidate: _____

_____ As a sponsor, you are responsible to participate in these events. Please indicate the events you will attend:
____ Send-off ____ Sponsor's Hour
____ Closing ____ First Community
** (If another community, find where it meets)

Have you sponsored a candidate before? _____ Have you signed up for the Prayer Vigil? ____ Yes ____ No

Have you made sure that your candidate has a nice Outfit for Dinner? _____

Are you praying for your candidate? _____ Will you bring food and pillow Agape? ____ Yes ____ No

Have you explained to the candidate, except in emergency, they should expect no contact during the weekend? ____ Yes ____ No

Have you explained what a Chrysalis is to the parents, roommate(s) or spouse? ____ Yes ____ No

Sponsor's Signature: _____

Mail this completed form and fee to:

Girls: Carolyn Botkin
PO Box 1415
Tahoka, TX 79373
(806) 561-5462
tgbotkin4@aol.com

Boys: Pam Prosser
5507 20th St
Lubbock, TX 79407
(806) 792-7207
txhusker@ddptraining.com

FOR REGISTRAR'S USE ONLY

Date received: _____ Amt. PD. _____ Ck# _____ Cash _____ Confirm letter: Sponsor _____ Caterpillar _____

Waiting List Letter: Sponsor _____ Caterpillar _____