

GRACE CHRYSALIS/YAC REQUEST FOR RESERVATION

Chrysalis is a three-day experience of renewal, learning, and sharing in the atmosphere of a Christian community. Everyone experiences it differently. It is not intended to help solve deep-seated problems, but is designed to help youths and young adults work toward a Christian way of life with community support.

This application is for: **High School Chrysalis**_____ **Young Adult (College Age)Chrysalis**_____

(Check one)

TO BE FILLED OUT BY THE CANDIDATE

(Then return this form to your sponsor) Today's date: _____

NAME _____ NAME FOR NAME TAG _____

ADDRESS _____ PHONE () _____

CITY/STATE/ZIP _____ EMAIL _____

MALE ___ FEMALE ___ AGE _____ BIRTHDATE _____ T-SHIRT SIZE _____

SCHOOL _____ HS Circle one College Circle one Univ. YEAR IN: Fr Circle one So Circle one Jr Sr

CHURCH _____ PASTOR _____

Have Chrysalis and Reunion groups been explained to you? _____

Do you require a special diet: _____ if so, explain _____

Do you have allergies: _____ if so, explain _____

Do you take medication: _____ if so, explain _____

Do you have a disability that we need to be aware of: _____ if so, explain _____

Do you require special sleeping accommodations: _____

State briefly why you wish to be involved in Chrysalis and what you expect from it: _____

Candidate's Signature _____ **Date:** _____

If you are under 18 years old, a parent's or guardian's signature is required. The undersigned parent or guardian of the above candidate consents to my child or ward participating in a Chrysalis weekend. I also authorize any adult Chrysalis team member to act as agent for me and to consent to any medical or surgical treatment for my child or ward at a hospital, clinic, or doctor's office in the event of a medical emergency during the Chrysalis weekend.

Parent/Guardian Signature: _____ **Date:** _____

Candidate selection preference will be given to seniors, juniors and sophomores. Freshmen will be accepted depending on available space. The cost for Chrysalis is \$70.00. We request a \$10.00 registration fee, (non-refundable), which should be given to your Sponsor along with your completed application. The remaining amount will be collected at the Registrar's table upon arrival. Make checks payable to Grace Emmaus Community. Ask your sponsor about a full or partial scholarship if you need one. This is an application form and does not guarantee your acceptance, as a limited number of spaces are available. You will be notified several weeks prior to the Chrysalis of your acceptance or placement on the waiting list.

SPONSOR _____ PHONE () _____

ADDRESS _____ CITY/STATE/ZIP _____

Candidate's Name: _____

THIS SECTION TO BE FILLED OUT BY THE SPONSOR

A sponsor must be 18 years of age and have attended an Emmaus, Cursillo or Chrysalis weekend.

Sponsor's Name _____ Phone _____

Address _____

City/State/Zip _____ Email _____

Please tell us about your candidate so that this weekend may be even more meaningful:

To the best of your knowledge is your candidate a Christian: _____

SPONSOR' SIGNATURE: _____ DATE: _____

Does the candidate have the physical and mental health needed for a Chrysalis weekend? _____

Does your candidate need a full or partial scholarship beyond what you, your reunion group, or church can help with? _____

Are you willing to help the candidate into a reunion group? _____

Will you bring your candidate to the Chrysalis? _____

Sponsoring a candidate is both a joy and responsibility. It is unlikely that you can sponsor more than two candidates on one Chrysalis effectively. There are things you must do for your candidate before, during and after the weekend. (Please remember the importance of minimal contact with your candidate during the weekend.) You should be praying and sacrificing for your candidate. Remember also that the Chrysalis is not structured to solve deep-seated personal problems. It is designed to provide a personal encounter with Christ.

Mail this application to the following: **Grace Emmaus of Ky**
PO Box 3008
London, KY 40743