

Greater Quad –Cities Area Chrysalis Outreach

Chrysalis Weekend Application

Date: _____ Flight #: _____
 Name: _____ Date of Birth: _____ AGE: _____
 Address: _____ Applicant **MUST** be at least age 15.
 City: _____ State: _____ Zip: _____ Year of High School Graduation: _____
 Phone #: () _____ E-mail Address: _____
 School you presently or will attend: _____
 School activities you are involved in: _____
 Name of church you attend: _____ City: _____ State: _____
 Church or community activities you are involved in: _____
 State briefly why you wish to participate in Chrysalis and what you expect from it: _____
 _____ (use back of page if needed)

Sponsor(s) Name(s) _____ Phone Number: _____

******* The "Sponsor's Information Form" must be filled out by the sponsor and sent in with this application. *******

SHADED AREA TO BE COMPLETED BY PARENT OR GUARDIAN IF APPLICANT IS UNDER AGE 18!

I/We give permission for my/our youth, _____ to attend and participate in Chrysalis Flight # _____ sponsored by the Quad Cities Chrysalis Community on dates _____ through and including _____.

I/We give my/our permission and consent to the adult members of the Quad Cities Chrysalis and Walk to Emmaus Communities to secure and authorize any emergency medical care and treatment as my/our youth might require, including anesthesia. I/We also agree to pay the entire costs and fees contingent on any emergency medical treatment of my/our youth as secured or authorized under this consent. Unless specifically prohibited as a medical concern listed below, I/we also give permission for my/our youth to receive free of charge any over-the-counter medications on hand that may be needed.

I/We give my/our permission to transport by chartered bus or by a volunteer's vehicle to a distant church site on the Saturday or Sunday evening of the weekend experience, then to return to Camp Milan by same means of transportation.

Signature of Parent or Guardian _____ Date: _____

NOTE: Every effort will be made to notify parents and/or guardians immediately in the event of an emergency. In case of emergency, it would be helpful to have the following information:

Name of Physician: _____ Physician's Phone: _____ Mother's Name: _____
 Mother's Work Phone: _____ Father's Name: _____
 Father's Work Phone: _____ Other friend or relative that could be contacted: _____
 Phone: _____ Please list any allergies (medical, food, etc.), medications, special diet, medical needs, etc.: _____

 Please submit this application with a non-refundable deposit of \$25.00. The balance of \$75.00 can be submitted now or upon arrival for the weekend. Make checks payable to "Chrysalis". Your parent or guardian must sign the permission portion of this form. NO cell phones, watches, radios, MP3 players, tablets or computers are allowed on the weekend.

Note: Some "Scholarships" are available. Check here if needed.

Return this application to your sponsor or mail it along with your deposit or weekend fee to: Quad City Chrysalis
 P.O. Box 971
 Moline, IL 61265

For more information about Chrysalis, visit www.upperroom.org/Chrysalis/

Chrysalis is a drug free, smoke free, and alcohol free environment for both youth and adults!

Office use only: Date received: _____ Amount Paid: _____ Check No: _____

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Chrysalis Weekend Application Sponsor Attachment

Caterpillar's Name: _____ Flight Date: _____ Flight#: _____

SPONSOR INFORMATION:

Name: _____ Phone: _____
 Address: _____ E-mail: _____
 City: _____ Flight, Walk, or Cursillo# _____
 State: _____ Zip: _____ Date: _____

Note: If you, the sponsor, are under the age of 18, an adult co-sponsor is required. This co-sponsor will mentor your progress in meeting all the responsibilities of a Chrysalis sponsor. A sponsor's job is more than just signing someone up for a Chrysalis weekend. Make sure you follow up on all the items listed in the checklist below.

Co-Sponsor's Name: _____ Phone No. _____

Why do you think your candidate would be a good participant at this time? _____

Please share any information that would assist the flight leadership in better meeting the needs of your candidate. (health, physical limitations, diet, emotional conditions, etc.) _____

How far along is this candidate in the their spiritual development or walk with Christ? _____

NOTE: 1. 14 year old applicants require special Chrysalis board approval 2 months prior to date of flight. All applicants should be between the ages of 15 and 20. All exceptions require Chrysalis board approval two months prior to the weekend.

2. **All applications must be turned on to registrar before the Tuesday night anointing service!!**

Sponsor's checklist:

- Discuss the flight with the candidate and parents.
- Pray and sacrifice for the candidate.
- Obtain agape letters from the candidate's friends and family
- Bring the candidate to the send-off or arrange for the same. The candidate's parents are welcome to attend.
- Attend "Sponsors Hour" after the send-off. The candidate's parents are welcome to attend.
- Attend the "Apostolic Hour" and Candlelight services". The candidate's parents CAN NOT attend these services unless they have gone on a Walk to Emmaus or equivalent weekend.
- Attend "Closing" or arrange for a stand-in. The candidate's parents are welcome and should attend.
- Attend to the needs of the candidate's family throughout the weekend if needed.
- Tell the candidate's parents about the book table so they can come prepared.
- Assist your new butterfly in getting involved in a reunion group.
- Bring the new butterfly to the next rush.
- Make a few follow-up calls to the new butterfly during the following weeks for encouragement.

Sponsors Signature: _____

Date: _____