

# 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 Summit 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 "QC Walk to Emmaus". 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/](http://www.upperroom.org/Chrysalis/)

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**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: \_\_\_\_\_

# Greater Quad-Cities Area Chrysalis Outreach

## 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 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 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: \_\_\_\_\_