North Georgia Chrysalis 2011 Application

Also see online application at www.northgachrysalis.com

Chrysalis Flights (Ages 15-18)

Chrysalis #67-Dec.30,2010-Jan 2,2011 (Girls/Thurs-Sun)
Chrysalis #68 – Jan.14-17, 2011 (Guys/Fri-Mon)
Chrysalis #69 – June 2-5, 2011 (Girls/Thurs-Sun)
Chrysalis #70 – June 9-12 (Guys/Thurs-Sun)

Applicant MUST have completed ninth grade and has not graduated high school.

Young Adult Chrysalis Flights (Ages 18-24)

YAC #44 – Dec. 30, 2010-Jan 2, 2011 (Girls/Thurs-Sun)
YAC #45 – Jan 14-17, 2011 (Guys/Fri-Mon)
YAC #46 – June 2-5, 2011 (Girls/Thurs-Sun)
YAC #47 – June 9-12 (Guys/Thurs-Sun)

Applicant MUST be out of high school.

APPLICANT INFORMATION

PLEASE PRINT LEGIBLY (All information will be kept confidential)

_____ _____
Name **Preferred first name for nametag**

_____
Address **City** **State** **Zip**

(_____) _____ **Male / Female** _____ _____/_____/_____ _____
Best contact phone# **Circle One** **Age** **Birthdate** **Grade**

_____ _____
Church **School**

_____ S M L XL XXL XXXL
E-Mail Address (T-Shirt size-Circle)

Why do you want to attend the Chrysalis experience?

_____

_____

What activities and/or leadership opportunities are you involved in at your Church?

_____

_____

Has your sponsor explained Chrysalis & the Chrysalis follow-up program of Reunion Groups and Hoots? Yes ☐ No ☐

_____ _____/_____/_____
Applicant Signature **Date**

MEDICAL / ALLERGY/ AND SPECIAL DIET INFORMATION

List any drugs, foods, etc. to which you are allergic:

_____

List any medications that you will be taking during the weekend: _____

_____

List any special diet needs that you have: _____

Directions for Completion of the Application

Complete the application, make a copy for yourself and your sponsor and return to your sponsor. It should then be mailed to the address listed below with a $25.00 deposit. Within 60 days prior to the weekend you will receive an invitation email. On receipt of this email you must email or call to accept or decline the invitation. On receipt of your acceptance, an official notice of confirmation will be emailed to you. If no response to the invitation is received, then you must reapply. The total cost of the weekend is $95.00. If, for any reason, the applicant cannot attend a weekend after sending in the deposit, it will be held until a later weekend can be scheduled and confirmed. ***A $25.00 non-refundable deposit is to be sent with this application, with the remaining $70.00 due upon confirmation.***

Mail to: Jeri Chafin, North GA Chrysalis Registration
2617 Haversack Ct., Marietta, GA 30008
(770) 384-0517

PARENTAL PERMISSION

(Applicants under 18 MUST have parent's signature)

_____ has my permission to attend the North GA Chrysalis weekend. In the event an emergency arises and I cannot be reached by phone, the Chrysalis staff has my permission to secure the services of licensed medical professionals to provide necessary medical care, including anesthesia, for my child's well-being. We further do hereby release and discharge Chrysalis, its Board and members from any and all liability from illness, injuries, and damages that may arise out of or resulting from my child's participation in or traveling to or from this event. I grant permission to North GA Chrysalis to use photographs of my minor child in print, audio-visual or online materials designed for informational or educational purposes related to North GA Chrysalis without compensation or approval rights

Parent/Guardian Information

Name_____**Relationship**_____

Address_____**City**_____**State**_____**Zip**_____

Phone: Home_____**Office**__-_____**Cell**_____-_____

Signature _____ **Date** _____/_____/-_____

SPONSOR INFORMATION

NOTE: An Adult Co-Sponsor is required if the sponsor is less than 18 years old.

Sponsor Name _____Home Phone _____ Cell Phone _____

3-Day Weekend Attended _____ Church _____Age_____

Address _____City_____State_____Zip_____

E-mail address_____

Relationship to Applicant: Parent☐ Other Relative☐ Pastor☐ Youth Pastor/Director☐ Friend☐ Other_____

Co- Sponsor Name _____Home Phone _____ Cell Phone _____

3-Day Weekend Attended _____ Church _____Age_____

Address _____City_____State_____Zip_____

E-mail address_____

Will you bring your applicant to the Sendoff, attend Candlelight, attend the Closing and pray for your applicant? Yes ☐ No ☐
Will you bring your applicant to the first Hoot following the weekend? Yes ☐ No ☐
Will you help your applicant find or establish a Reunion group? Yes ☐ No ☐
If you answered no to any of these questions, will you arrange for someone to fulfill these responsibilities for you? Yes ☐ No ☐
Why are you recommending this applicant to go on the Chrysalis experience?

_____

IMPORTANT NOTE TO SPONSORS: ***CHRYSALIS is a method of Christian renewal in the church, whose purpose is to support the church's efforts to guide the spiritual formation of Christian young people. It is not a time to help them through an unsettling event in their lives, nor is it a time to help them make a salvation decision.*** Applicants attending Chrysalis should be currently active in their local church, and have a desire to deepen their faith and become closer to Jesus Christ. As a sponsor you are required to provide information in helping them make their decision as to whether it is the right time for them to attend a weekend. You are responsible for supporting the participant for the duration of the event as well as the time leading up to and after the event. THIS INCLUDES TRANSPORTATION TO AND FROM THE KING'S RETREAT. You are also required to help them enter fully into the CHRYSALIS fellowship after the weekend, including taking them to the first Hoot following the weekend and helping them find a Reunion Group.

Sponsor's Signature _____**Date**____/____/_____

Co-Sponsor's Signature _____**Date**____/____/_____

APPLICANT'S PASTOR INFORMATION

Pastor's name_____Church _____

Address _____ City _____ State _____ ZIP _____

E-mail address _____ Phone _____