



EMMANUEL CHRYSALIS

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Date of Birth _____ Email _____

Male _____ Female _____ Name preferred on nametag _____

Name of Church now attending _____

Pastor's Name _____ Has pastor attended Emmaus or Chrysalis _____

List religious organizations in which you are actively involved _____

School you attend _____ Grade _____

List school clubs or activities _____

Are you on a special medication or diet? If yes, explain _____

Do you have any health problems or physical handicap that might affect your attending the Chrysalis flight _____ If yes, please specify _____

Have Chrysalis and follow-up programs been explained to you? _____

State briefly why you wish to participate in a Chrysalis flight, and what you would like to receive from attending. _____

The candidate must fill out and submit the reservation to the sponsor and the sponsor will mail it to the registrar. Candidates please do not mail to registrar.

IMPORTANT: Please notify us immediately if you cannot attend, others on a waiting list may be able to attend if contacted soon enough to prepare.

****North Carolina consumption laws for tobacco products say: For any person under the age of 18 years old in the state of North Carolina the use of tobacco products is a misdemeanor crime. The Emmanuel Chrysalis Board will obey and observe the law of the land, and in no way wishes to encourage, support, or condone the use of tobacco products or any other controlled substance.****

Youth Signature _____ Date _____



EMMANUEL CHRYSALIS

(To be completed by parent or legal guardian)

_____ has my permission to attend the Chrysalis weekend. In the event of an emergency and if I/we cannot be reached by phone, the Chrysalis staff has my/our permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being. I/we will not hold (the place where the flight is held, the Upper Room, or the Emmanuel Chrysalis Board responsible for any accident/emergency in which my/our child may be involved.

Signature of parent or guardian _____

Date _____ Phone _____ If I/we cannot be reached, please call _____

_____ Phone _____ Please list any medical allergies, medicines being taken, medical problems or other pertinent information. _____

Insurance Company _____ Policy Number _____

Doctor _____ Phone number _____

(To be completed by the sponsor)

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Name of church now attending _____

Location and date of your flight/walk _____

Are you in a reunion group? _____ Do you receive the Chrysalis newsletter _____

Would you like to? _____ How long have you known the candidate? _____

Why do you feel that this youth will be a good candidate? _____

Are you willing to assist your candidate in finding a reunion group? _____

Will you bring your candidate to the Chrysalis registration? _____ Will you attend sponsor's hour? _____ Candlelight? _____ Closing _____ Follow-up/next step service? _____ Are you aware of the importance of minimal contact with your candidate during the weekend? _____ Have you enclosed the \$50 registration fee? _____

**THE REMAINING FEE IS TO BE PAID TO THE REGISTRAR AT REGISTRATION
ON THE MORNING OF THE FLIGHT.**

Mail to: Emmanuel Chrysalis – Registrar

Janice Neill

330 Tennessee Circle

Mooreville, North Carolina 28117

704-458-3064