



Central Texas Conference Chrysalis Application

Registrar's Use Only	
Check No.	_____
Amount:	_____
Amt. Due:	_____
Sched. for:	_____
Card Mailed:	_____

<input type="checkbox"/> Flight Ages 15-18 and completed 9th grade	<input type="checkbox"/> Journey Ages 18-25 and completed high school
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Each applicant for a CTC Chrysalis must be sponsored by someone who has attended a Chrysalis Flight or Journey, Walk to Emmaus, or Cursillo. Please provide all of the requested information so we can schedule you properly. Both sides of this form must be completed.

Applicant Information (Please Print) All Applicants

Last Name _____ **First Name** _____ Male Female

Name you'd like on your nametag _____ Age _____ Date of Birth (M/D/Y) _____

Home Address _____
Street City State Zip

Home Phone _____ E-Mail Address at Home _____

College/Univ. Address (if appl) _____
Mailing Address City State Zip

Class **FR SO JR SR** School Phone _____ School E-Mail _____
Circle One

Church Information All Applicants

Name, Denomination and Location of Church Attending _____

Name of Local Church Pastor or College Campus Minister _____

Preparation Questions All Applicants

Has the Chrysalis Weekend been explained to you? ___ Have the follow-up gatherings been explained to you? ___

Explain briefly why you wish to attend a Chrysalis and what you expect from it: _____

Month you would prefer to attend a Chrysalis (please circle): **JUL** **NOV** **DEC**

Please check with your Sponsor for the most current Chrysalis schedule and discuss with him or her which months may be best for you to attend. We will attempt to schedule you as close to your preferred date as possible, but please be aware that your first choice may not always be available. The Registrar will work with you and your Sponsor to try to accommodate your schedule needs.

Your Signature _____ Date _____

Your Pastor's Signature _____ Date _____ Phone _____

Completed Applications All Applicants

Please enclose your \$100.00 registration donation with this request. Please make all checks payable to **Central Texas Conference Chrysalis** (or to **CTC Chrysalis**). You will be notified by the Registrar of your acceptance and the dates, location, and time of your Chrysalis Flight or Journey. **IMPORTANT:** Please notify the Registrar immediately if you are not able to make this Flight or Journey – others may be on a waiting list for that particular Flight or Journey, and doing so may make it possible for them to attend. Thanks!

Please mail this completed application (both sides complete!) and your registration fee to:

CTC Chrysalis Registrar
 Dyann Ketcham
 198 Private Road 142
 Covington, TX 76636-4421

Medical Information (Please Print)

All Applicants

Are you on any special diet? _____ If yes, please explain _____
Are you taking any medication? _____ If yes, please explain _____
List any allergies you may have _____
Please describe any health or physical complications that you think the team should know about _____

Medical Authorization

(Applicants UNDER 18 MUST have notarized Parent/Guardian Signature)

I am the parent / guardian of _____ who has my permission to attend the CTC Chrysalis event. During this time I may be reached at:

Address _____ City, State, Zip _____

Home Phone _____ Business Phone _____

Doctor's Name _____ Doctor's Phone _____ Last Tetanus Shot _____

I understand that my son / daughter will be in the care of adult Chrysalis staff members. In case of emergency and where I cannot be readily contacted, I hereby authorize any medical treatment that may be necessary to be administered to my child, the cost for which I shall be responsible.

Parent / Guardian Signature _____ Date _____

Subscribed and sworn to before me, a Notary Public, in _____ County, Texas, this the _____ day of _____, _____
Day Month Year

Signature of Notary Public

My commission expires

Sponsor's Information (Please Print)

All Applicants

Sponsor's Name _____

Sponsor's Address _____
Street City State Zip

Home Phone _____ Work/School Phone _____ E-Mail _____

When and where did you attend your Chrysalis or Walk to Emmaus? _____

Have you fully explained Chrysalis to your applicant? _____ To his or her parents? _____

Do you commit to pray and sacrifice for your applicant? To bring your applicant to the Flight or Journey? _____

Will you attend Sponsor's Hour, Candlelight, and Closing? Will you bring your applicant to Hoots / Gatherings? _____

Are you committed to helping your applicant to either find an existing Reunion Group or establish a new Reunion Group? _____ If you answered any of the above questions with "no," will you arrange for another person to fulfill your responsibilities in these areas? _____

Sponsors, please remember that Chrysalis is an intense program of Christian study and spiritual growth. It is not simply a weekend retreat, nor is it a "cure-all." It is important for applicants to be active in a church or in a campus mainline religious organization and to be desirous of an opportunity to grow in Christ and enhance their participation in the Body of Christ.

Sponsor's Signature _____ Date _____