

APPLICATION TO ATTEND A RICHMOND CHRYSALIS WEEKEND

PLEASE PRINT CLEARLY

DATE _____

Name _____ I prefer to be called _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work _____ Cell _____

Current Age _____ Date of Birth _____ Grade in School _____ School _____

Email address _____

Do you work? Yes No What do you do? _____

Name and Denomination of Church _____

City _____ Pastor _____

From whom did you learn about this program? _____

In what religious, community or school organizations are you active? _____

List any medications you routinely take _____

Dietary restrictions or food allergies? No Yes If "Yes", details _____

Health conditions or concerns that may affect your attendance? No Yes If "Yes" details _____

State briefly why you wish to attend a Chrysalis weekend. What do you expect to gain from it? Add anything else about yourself or your faith that you wish to share _____

~~~~~  
Sponsor's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

As a parent or guardian of this applicant, I/we wish to discuss the Chrysalis weekend with a Chrysalis representative.

Yes  No If "Yes", please provide a telephone number where you may be reached:

Home \_\_\_\_\_ Office \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_

Your deposit of **\$25.00** must accompany this application. Please make check payable to "**Richmond Chrysalis**". In the event it is not possible to assign you to a weekend, the deposit is refundable. If you are confirmed for a weekend and fail to attend, the deposit is NOT refundable. There are NO additional costs to you for your weekend as the expenses are being paid by others who have experienced a weekend and want to share the experience with you.

**Mail \$25 check and application to Richmond Chrysalis, PO Box 17652, Richmond, VA 23226**

*Chrysalis Sponsorship*

**Sponsors** please read the following statement carefully and give it prayerful consideration. CHRYSALIS (the youth walk to Emmaus) is a method of Christian renewal in the church. Individuals recommended for Chrysalis should be those with an active desire to deepen their faith and understanding of God’s love and to become closer to Christ in their daily lives and their discipleship. Candidates should be actively participating in the youth activities of an established church. Please be mindful that Chrysalis is meant for enrichment and not recruitment, and for the development of Christian youth leaders.

As a sponsor, you are required to provide information to the applicant and to the applicant’s parents, to assist him/her in the decision to attend a weekend, to help him/her to enter fully into the Chrysalis fellowship after the weekend, to provide prayer, and other support (including financial), and to provide transportation to and from the Chrysalis weekend. (Please check to ensure that applicants will be at least **15 years of age** and have completed one semester of high school at the time of the weekend.)

~~~~~  
This application must be completed by the Sponsor prior to completion by a new applicant.

Sponsor’s Name _____ Home phone _____

Address _____ Work phone _____

City _____ State _____ Zip _____ Cell phone _____

Email _____

Name and Denomination of Church you attend _____

Where and When did you make your Walk or take your Flight? _____

Was it Emmaus or Chrysalis or Other (specify)? _____

I have discussed the Chrysalis weekend with my Parent(s)/Guardian(s) on (Date) _____

Sponsor’s Signature _____

If the sponsor is under 18 years of age, a responsible parent/guardian/friend over 18 years old must also sign

Parent/Guardian/Friend _____ Date _____

=====
**Please mail the completed application and \$25.00 deposit to
RICHMOND CHRYSALIS, PO BOX 17652, RICHMOND, VA 23226**
=====

For Administrative Use:

Date application received _____

Deposit received Yes No

Sponsor contacted upon selection Yes No Date _____

Applicant contacted Yes No Date _____

Date of Weekend _____