

APPLICATION TO ATTEND AN ALBEMARLE CHRYSALIS WEEKEND

Use only white paper and black ink. Please type or print all except signatures.

Full Name: _____ You prefer to be called: _____

Home/Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home phone number: (_____) _____ Cell phone number: (_____) _____

Email: _____

Birth Date: ____/____/____ Sex: MALE FEMALE T-Shirt Size: XS S M L XL XXL

Name of School You Attend: _____ Current Grade: 9th 10th 11th 12th

Are You Currently Working? YES NO If Yes, Where? _____

Name of Church: _____ Pastor's Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Pastor's Signature: _____ Phone: (_____) _____

Applications must have your pastor's signature and phone number. If your church is currently without a pastor please have the church's Lay Leader, Deacon, etc., sign with their position and phone number.

From whom did you learn about Chrysalis? _____

Please list all church organizations/activities youth offices held and youth activities you are involved in

Do you play a musical instrument? YES NO If yes, what instrument? _____

Please list all medications you are taking and any special medical or dietary needs (i.e. – vegetarian, etc): _____

Do you have any physical limitations? YES NO If yes, specify: _____

Please write a brief and honest statement about why you would like to attend an Albemarle Chrysalis Weekend, and what you expect to gain from this weekend. Please write down any other information about yourself that you would like to share.

Name of sponsor _____

Applicant's Signature: _____ Date: _____

As parent/guardian I would like more information about a Chrysalis Weekend and for a representative contact me: YES NO

Name of Parent/Guardian: _____ Telephone: (_____) _____

By my signature below I hereby give Albemarle Chrysalis, as representatives of Emmaus of the Albemarle, Inc., permission to seek appropriate medical attention for my minor child in the event of an accident, illness or injury during the Chrysalis Weekend. I will be responsible for any and all costs associated with any medical treatment provided.

Parent/Guardian Signature: _____ Date: _____

Please Note: A non-refundable \$50.00 processing fee must accompany this application. Make checks payable to **Emmaus of the Albemarle, Inc.** There are no additional costs to you for your weekend, all additional expenses are underwritten by gifts from individuals who have already experienced a weekend and want to share the experience with you. **This is only an application to attend a weekend.** Notification of acceptance for a specific week-end will be made before that weekend. Complete this application and please return it to your sponsor.

SPONSORSHIP

Submit Two Copies of Each Page of This Application on White Paper

(To be completed by the sponsor)

Dear Sponsor:

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 currently active in a local church and have a desire to deepen their faith and become closer to Christ in their discipleship. Chrysalis is designed for youth ages 15 to 20. **As a sponsor, you are required** to provide information to the applicant and to the applicant's parents or guardian to assist the applicant in their decision to attend a Chrysalis weekend. As a sponsor you are also required to help the applicant enter fully into Chrysalis fellowship after their weekend. You must be willing to provide prayer and support (both financial and transportation to and from the weekend). Please mail your sponsor fees as soon as you know your caterpillar has been accepted to attend a flight. **Sponsor fees are due at least two weeks prior to arriving for the weekend.** Albemarle Chrysalis is a division of Emmaus of the Albemarle, Inc.

Sponsor's Name: _____ Home Phone: (_____) _____

Sponsor's Cell phone: (_____) _____ Sponsor's Alternate phone: (_____) _____

Email address: _____@_____

Home/Mailing Address: _____

City: _____ State: _____ ZIP: _____

Name of Church you attend: _____

Where and when was your original weekend? _____

Have you attended a Day of Deeper Understanding? YES NO

Any questions that need to be answered by an Albemarle Chrysalis Board Member? YES NO

I have discussed Chrysalis with the applicant and their parents or guardian and I have their support and permission to sponsor this individual YES NO

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

NOTE: Application's are not complete without sponsorship information & sponsor's signature.

Return this application on white paper with the Caterpillar's \$50.00 deposit and a copy of this application to:

**Albemarle Chrysalis
Post Office Box 1198
Edenton, NC 27932-1198**

***** **FOR ADMINISTRATIVE USE ONLY** *****

Application received with completed information & signatures:	Date: ____/____/____
Deposit received? YES <input type="checkbox"/> NO <input type="checkbox"/> Check # _____	Date: ____/____/____
Applicant contacted to attend a Weekend? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: ____/____/____
Applicant Letter Sent? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: ____/____/____
Sponsor Letter Sent? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: ____/____/____
Parent Letter Sent? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: ____/____/____
Medical Release Signed? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: ____/____/____