

COLUMBUS INDIANA CHRYSALIS COMMUNITY

Chrysalis is a three day experience for **high school freshmen, sophomores, juniors, seniors and college freshmen** that provide an opportunity for spiritual growth and renewal through Christian fellowship. Chrysalis equips and challenges Christian youth to deepen their relationship with Christ and inspires participants to live their faith in their home, church, school and community.

NOTE: This Chrysalis flight will be held at Community Church of Columbus on April 23, 24, and 25. This weekend will be a daycamp and each participant will be going home each evening at 9:45 pm and returning the next morning at 8:15am. Sponsors will need to help arrange transportation for their student throughout the weekend.

TO BE FILLED OUT BY THE CANDIDATE: Please Print CLEARLY

Name _____ Name for name tag _____

Address _____ City/State/Zip _____

Cell Phone/Regular phone (____) _____ Email (**print clearly**) _____

Date of Birth _____ Age _____ M ___ F ___ Grade (as of Chrysalis date) _____

School _____

Church and Denomination _____

I am involved in the following organizations _____

Has Chrysalis been explained to you? _____ State briefly why you wish to be involved in Chrysalis and what expectations you have _____

Do you have any special needs for the weekend? (Health or physical handicaps, medications, special diet) _____

Candidate Signature _____ **Date** _____

TO BE COMPLETED BY PARENT OR GUARDIAN OF CANDIDATE

Insurance Co. _____ ID#, Group# _____ Policyholder _____

I, the undersigned parent or guardian of the above candidate, understand the nature and purpose of the Chrysalis weekend. I hereby give my permission for his/her participation in the physical, emotional, and spiritual aspects of his/her Chrysalis weekend. I give my permission for the staff to transport him/her for activities off-site or for medical purposes. In the event of an emergency the Chrysalis staff has my permission to secure the services of qualified medical personnel to provide the care necessary for his/her well-being.

Signature of Parent or Guardian _____ **Date** _____

Emergency Contact Phone (Cell preferred) _____ - _____ - _____

THE REGISTRATION DEADLINE IS 8 DAYS BEFORE THE CHRYSALIS WEEKEND

Applications must be completed in full and submitted to the registrar to be accepted. Flights are filled in order of receipt of the application. The cost of the Chrysalis weekend is **\$30.00**. Please make checks payable to Columbus Indiana Chrysalis Community. Payment may be made with the application or at send-off for the flight. As a limited number of spaces are available for the flight, submission does not guarantee acceptance. You may be placed on a waiting list if the flight is full. You will be notified of your acceptance with the date and location of your weekend.

Mail application to: John Shoemaker, Registrar 1720 Harrison Ridge Rd. Nashville, IN 47448

Phone: Cell: (812) 340-3188

E-mail application to: jpshoe5976@gmail.com

RETURN THIS FORM (completed on this side) TO YOUR SPONSOR

SPONSOR: MAKE SURE CANDIDATE IS ELIGIBLE FOR FLIGHT (school level, age requirements, emotional/spiritual level, completion of application) PRIOR TO SUBMITTING APPLICATION.

It is very important that the sponsor(s) make sure ALL the information requested is completed or application will not be accepted. The application MUST have signature of Pastor or Youth Minister. Youth group leaders are not eligible. Candidates must be high school freshmen - college age freshmen.

Sponsoring a candidate is both a joy and a responsibility. There are things you must do for your candidate before, during, and after the Chrysalis. Chrysalis is designed to provide Christian youth a deeper understanding of what it means to be a disciple of Jesus Christ. It is NOT structured to solve deep-seated personal problems. It is not designed with the intent of salvation.

All candidates must be sponsored by a person 18 or older who has attended a Chrysalis or Emmaus weekend. Younger Chrysalis youth may co-sponsor.

ADULT SPONSOR _____ Phone (____) _____

Email _____ Church _____

Address _____

When and where did you attend Chrysalis or Emmaus? _____

How long have you known the candidate and in what capacity? _____

Please tell us about them so that the Chrysalis may be even more meaningful _____

YOUTH CO-SPONSOR (if applicable) _____ Phone (____) _____

Email _____

Address _____ Church _____

Relationship to candidate _____ Have you helped sponsor before? _____

Your Chrysalis Flight# _____ Year _____ Where _____

*****THIS SECTION MUST BE COMPLETED BY PASTOR OR YOUTH MINISTER*****

Youth group leader signature is not sufficient.

This information will be kept in strict confidence and will enable us to place the candidate in a group where they will benefit the most.

Candidates Name _____

Pastor's Name _____ Church _____

Please circle the appropriate comments:

Maturity: Low Average Mature Very Mature

Psychological adjustment: Poor Average Mature Excellent

Relationship with peers: Quiet Talkative Domineering
 Shy Well-liked

Please make any additional comments that you believe will be helpful or should be brought to the attention of the Spiritual Director _____

PASTOR OR YOUTH MINISTER SIGNATURE _____ **Date** _____

For Registrar's Use: Date Received _____ Flight # _____ Deposit _____ Balance Due _____ Response Date _____