



The Southwest Virginia Emmaus Community
 Application to Attend a Chrysalis Weekend
 (To Be Completed by the Applicant)



Full Name _____ Name You Wish to Be Called _____

Address _____
Street City State Zip Code

Home Phone (____) _____ Work Phone (____) _____ E-mail _____

Gender _____ Date of Birth _____ Age _____ Current Grade _____

School You Attend _____

What church do you attend? _____
Name/Denomination of Church Name of Minister

Church, School, Community Activities

Has Chrysalis been explained to you? _____ The follow-up? _____

State briefly why you wish to participate in Chrysalis and what you expect from it. Á
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Please include a pre-registration deposit of \$35.00. This will be applied toward the total expense of your Chrysalis flight. The deposit is not refundable unless registration is full.
 Make your check payable to Southwest Virginia Chrysalis.

Youth's signature _____ Date _____

To be completed by Parent or Guardian:

_____ has my permission to attend Chrysalis. In the event of an emergency, and if I/we cannot be reached by phone, the Chrysalis staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well being.

Signature _____ Date _____ Phone (Work or other) (____) _____

Please list any special diets, allergies, medical problems, medications being taken, or any other pertinent information:



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 Application to Attend a Chrysalis Weekend
 (To Be Completed by the Sponsor)



Sponsor's Name _____ Caterpillar's Name _____

Address _____
Street City State Zip Code

Home Phone (____) _____ Work Phone (____) _____ E-mail _____

What church do you attend? _____
Name/Denomination of Church

Where and when did YOU attend Emmaus/Chrysalis/Journey? _____

Why do you think this young adult would benefit from Chrysalis? _____

Preparation:

Are you willing to pray and sacrifice for your candidate? _____

Service:

Will you be responsible for getting your candidate to Chrysalis? _____

Will you be responsible for getting your candidate home? _____

Support:

Are you aware of the importance of minimal contact with your candidate during the Chrysalis Flight? _____

Will you be responsible for the tuition payment? _____

Fellowship:

Have you explained the HOOTS, Gatherings, and Reunion Groups? _____

Will you accompany your candidate to the HOOTS and Gatherings? _____

Do you understand the responsibility of assisting your candidate in finding a reunion group? _____

Does your candidate have a physical or mental health concern that should be brought to the attention of the Directors? If so, please explain:

Please make any additional comments you believe may be helpful: _____

Sponsor Signature _____ Date _____

Once both pages have been completed, please mail them to:

Westleyan Killian, Registrar
 66 Scarlet Drive
 Daleville, Virginia 24083
 Phone: (540) 992-1465