

**Cross Country Emmaus Community  
Chrysalis Request For Reservation**

Name \_\_\_\_\_ Sex \_\_\_\_ Birth Date (MO/DAY/YR) \_\_\_\_\_

Preferred "NAME TAG" Name if different \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Last grade completed \_\_\_\_\_ Name of School \_\_\_\_\_

Name/Denomination of Church now attending \_\_\_\_\_

Has Chrysalis been explained to you, including Chrysalis follow-up? \_\_\_\_\_

Are you on a special diet? \_\_\_\_ If YES, please explain:

Are you on any medications? \_\_\_\_\_ If YES, what are they?

Could you attend on short (2-4 days) notice? \_\_\_\_\_

Please enclose \$150.00 with this application. This is the full cost to you for the weekend. This is refundable up to (7) seven days before the weekend. Make a check payable to CROSS COUNTRY EMMAUS COMMUNITY. Scholarships are available but should be arranged through your sponsor. Your application cannot be processed before the full registration fee is received. REGISTER ONLY IF YOU INTEND TO BE PRESENT FOR THE ENTIRE WEEKEND.

Please have your Pastor sign this form. Applicants should be sponsored by someone who has already attended an Emmaus or Chrysalis weekend. You will receive confirmation by mail as well as a list of the necessary items to bring, when you are placed on a walk.

Your Signature \_\_\_\_\_

Pastor's Signature \_\_\_\_\_

Sponsor's Statement: As the sponsor of the above named candidate, I have fully explained the requirements for the Chrysalis 72-hour weekend. I have further explained the Post-Chrysalis activities to the applicant, to the best of my ability and what is prudent concerning the program.

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

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Mail this completed form with your check to:

Lisa Snead, Chrysalis Registrar, CCEC  
910 E. Johnston  
Rotan, TX 79546  
(325) 735-2027  
[shopgal65@yahoo.com](mailto:shopgal65@yahoo.com)

For use by Registrar:  
Date Received: \_\_\_\_\_  
Amount Received: \_\_\_\_\_

**Cross Country Emmaus Community  
Chrysalis Medical Information and Release**

The Cross Country Emmaus Community requires that each person attending a Chrysalis weekend, have this form complete and on file before being allowed to participate in the weekend. Please fill in all blanks, type or print legibly, sign and have this page Notarized.

I am the parent/guardian of \_\_\_\_\_ who has my permission to attend the Chrysalis Weekend beginning \_\_\_\_\_ and ending \_\_\_\_\_. During that time I may be reached at:

Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

One Other Person/Relationship:  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Child's Social Security # \_\_\_\_\_ Sex \_\_\_\_ Birth Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group/Policy # \_\_\_\_\_  
Ins. Co. Phone (\_\_\_\_) \_\_\_\_\_ Physician's Name \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Date of last Tetanus injection? \_\_\_\_\_ Is child currently taking medication? \_\_\_\_\_ If YES, please send medications in original container with instructions & contents. Please list all allergies, medical problems, physical needs, medications etc. that we need to know about in case of an emergency.

In the event of an emergency, and if I cannot be reached by telephone, the CROSS COUNTRY EMMAUS STAFF/REPRESENTATIVE has my permission to obtain services and treatment by licensed medical professionals to provide the care deemed necessary, including anesthesia, for my child's well being.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF TEXAS COUNTY OF \_\_\_\_\_ BEFORE ME, the undersigned authority, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and in my presence, affixed the same or having been duly sworn, states under oath that the signature was affixed by him/her, for the purposes stated herein.

\_\_\_\_\_ NOTARY PUBLIC SEAL

**Cross Country Emmaus Community  
Chrysalis Request for Reservation  
TO BE FILLED OUT BY SPONSOR**

Sponsor Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Name and Denomination of Church now attending \_\_\_\_\_

Do you attend regularly? \_\_\_\_\_ Where did you go on a Walk?  
\_\_\_\_\_ When? \_\_\_\_\_ Walk#? \_\_\_\_\_

Are you in a Reunion Group? \_\_\_\_\_ How many candidates have you  
sponsored in the last year? \_\_\_\_\_  
How long have you known the candidate? \_\_\_\_\_ Do you receive the  
Newsletter? \_\_\_\_\_ Does the candidate have the physical and mental health  
needed for a Chrysalis Weekend? \_\_\_\_\_

Why do you feel this person would be a good candidate?

Is the candidate under any temporary emotional strain that might  
indicate his/her weekend should be postponed? \_\_\_\_\_ Are you  
willing and able to assist the candidate to get into a Reunion group?  
\_\_\_\_\_

It is extremely important that you, as the Sponsor, attend all of the  
activities of the Walk weekend.

As the Sponsor, will you; Bring the candidate to the Chrysalis site? \_\_\_\_\_  
Attend Candlelight? \_\_\_\_\_ Attend Sponsor's Hour? \_\_\_\_\_ Attend the Closing  
Ceremonies? \_\_\_\_\_ Care for the needs of your candidate's family over the  
weekend? \_\_\_\_\_

Are you aware of the importance of minimal contact with your candidate during  
the weekend? \_\_\_\_\_

Other duties and responsibilities of being a Sponsor:

Sponsor only qualified candidates, Christians, active in a local Church. Sign up  
for 72-Hour Prayer Calendar. Secure Agape Letters from candidate's friends and  
family. Have your pilgrim at the Chrysalis site no later than 7:00 PM. Provide  
Agape items for the Chrysalis weekend.

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_