

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

**(Applicant must be 15 years of age AND/OR completed Freshman year of high school,
through first year of college)**

Desired Flight # (if any preference): (1) _____ (2) _____ (3) _____

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 \$135.00 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:

Suzie Wilson, Chrysalis Registrar, CCEC
909 West Edwards
Olney, TX 76374
(940) 564-2607
Email Suzie Wilson at suzwil@brazosnet.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 _____