

Northeast Ohio Chrysalis
Flight (14-18 Years Old, High School Sophomore-Senior) Information
Candidate

Date of the Flight you wish to attend:_____

Name:_____Name on Badge should read:_____

Home Address:_____City/State/Zip:_____

Home Phone (____)_____Candidate Cell Phone (____)_____

Birth date:_____High school graduation year:____School _____

Email: (Please print clearly):_____T-shirt size (S-4X)_____

Parents'/Guardians' Names: _____

Address (if different):_____

City/State/Zip:_____Phone (____)_____

Church:_____Pastor's Name:_____

Address:_____

City/State/Zip:_____Phone (____)_____

List school, community and/or religious organizations in which you are currently active:

State briefly why you wish to participate in a Chrysalis Flight and what you expect:

Your signature: _____

(Note - Camp Asbury is a non-smoking facility. No smoking or Vaping of any kind is permitted.)

TO BE COMPLETED BY PARENT OR GUARDIAN

Does your teen have any health conditions, physical handicaps, allergies, medication or dietary restrictions that need to be brought to the attention of the staff? **YES/NO** (If YES, please explain.)

_____has permission to attend the Chrysalis Weekend. In the event of an emergency, 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.

Parent/Guardian Signature_____Date_____

Phone (____) _____

If I/We cannot be reached, call _____

Phone (____) _____Relationship_____

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Sponsor

Candidate's Name _____

Sponsor's Name _____

Address _____ Phone(_____)_____

City/State/Zip _____ Email _____

Weekend you attended _____ Date _____

Are you in a reunion group? YES/NO Do you attend gatherings? YES/NO

How long have you known the candidate? _____

Why do you think your candidate will benefit from a Chrysalis Flight Weekend?

Does the Candidate have areas of sensitivity that can be shared with the Lay Director?

Have you: explained Chrysalis Site YES/NO Transportation YES/NO to the candidate?
explained that parents can attend closing? YES/NO
invited parents to send-off? YES/NO Closing? YES/NO

Please indicate who will be paying the \$215 expense of the weekend: \$____Candidate
\$____Sponsor/\$____Church/\$____Other (Partial scholarship available. Contact registrar.)

Sponsor's signature represents an understanding of the sponsor's responsibilities and
commitment to support the candidate. (NEOC recommends youth have an adult co-sponsor)

Sponsor's signature _____ Co-Sponsor's signature _____

Pastor, your signature represents that, to the best of your knowledge, the candidate has
the physical and mental health needed for the Chrysalis Flight weekend and is an active
member in the congregation.

Pastor's Name (print)_____ Phone(_____)_____

Signature _____ Date _____

Please send Candidate & Sponsor forms with \$100 deposit fee (made payable to WRE) to:

Northeast Ohio Chrysalis
c/o NEOC Registrar
653 Wakefield Drive Cortland, OH 44410
Direct questions to Jack Sidley at (330) 979-1640 or john.sidley3@gmail.com

**Note: Deposit is non-refundable after the Saturday prior to the event (except for extenuating
circumstances like a death in the family)**

Registrar must receive these forms no later than 2 weeks prior to the Flight date.