

**Northeast Ohio Chrysalis**  
**Flight (15-18 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  M  L  XL

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)

**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 \_\_\_\_\_

Northeast Ohio Chrysalis  
Flight (15-18 Years Old, High School Sophomore-Senior) Information  
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 \$175 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 \$50 deposit fee (made payable to WRE) to:

Northeast Ohio Chrysalis  
c/o NEOC Registrar  
1297 Summit Dr, Mayfield Hts, OH 44124  
Direct questions to Denny Hoxie at (440-520-4095)  
If you want to pay via electronic funds, Venmo @Lancevene7, Cashap \$LanceVene

***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.