



Nashville Chrysalis Application & Reservation Request

Please visit us at
www.NashvilleChrysalis.org

Applicant Information

You are a: Youth – Ages 15-18 or Grades 10-12 Young Adult – Ages 19-24 or post High School

Last Name: _____ First Name: _____ MI: _____ Male Female

Name as you would like it on your nametag: _____ Age: _____ Birthday: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____ T-shirt size: _____

Current School: _____ Current/Completed year: _____

School activities: _____

If over 18, Safe Sanctuaries requires a background check. Please sign that you agree to having a background check run by Nashville Chrysalis Community prior to your flight weekend. Social security number: _____

Applicant Signature: _____ Date: _____

Preparatory Questions

Has the Chrysalis weekend been explained to your Parent/Guardian? _____

Have the follow-up Gatherings been explained to you? _____

State briefly why you would like to attend a Chrysalis weekend and what you hope to gain from it: _____

Pastoral Information

Name & Denomination of Church: _____

Pastor's Name: _____ Campus Minister: _____

Church of Community Activities: _____

Pastor's/Minister's Signature: _____ Date: _____ Phone: (____) _____

Statement of Release

Over the course of the Chrysalis Weekend, group pictures will be taken as well as some candid shots during dining and break times. By signing this application, you acknowledge pictures may be published on the Nashville Chrysalis website. NO INFORMATION WILL BE SHARED. If you prefer **NOT** to have your photograph taken, please initial here. _____

Medical and Parental Information

List allergies, medications being taken, medical problems, special diet, or other pertinent information: _____

If I **cannot** be reached, please call: _____ Phone: (____) _____

_____ has my permission to attend the Chrysalis weekend. In the event of an emergency and I cannot be reached by phone, the Chrysalis staff has my permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well being. We further do hereby release and discharge Chrysalis, it's Board and members from any and all liability from illness, injuries and damages that may arise out of or resulting from my child's participation in or traveling to or from this event.

Parent/Guardian Signature: _____ Date: _____ Phone: (____) _____

Sponsor Information

Sponsor's Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Church: _____ Attend regularly: _____
When and where did you attend Chrysalis, Emmaus, or Cursillo? _____
When and where did you attend Sponsor's training? _____
Are you in a Reunion Group? _____

Sponsor's Responsibilities

Have you fully explained Chrysalis to your applicant? _____
Have you fully explained Chrysalis to his/her parents or guardian? _____
Will you assist your applicant in establishing a Reunion Group or similar support group? _____
Will you pray and sacrifice for your applicant? _____
Will you bring your applicant to Send-Off? _____
Will you attend the Sponsor's Hour, Candlelight and Closing? _____
Will you bring your applicant to the Next-Steps meeting when it is held? _____
Will you bring your applicant to the Chrysalis/Emmaus Gatherings? _____
If your answer is no to any of the above, will you arrange for a person to fulfill those responsibilities? _____

Special Needs of Applicant

Does your applicant have the physical and mental health needed to attend this Weekend? _____
Is your applicant under any emotional strain that might indicate that participation be postponed? _____
Have the parents/guardians of your applicant participated in Emmaus or Chrysalis? _____
Are there any additional circumstances concerning the applicant of which the Chrysalis team should be aware?

Sponsor Reminder

Sponsor, please remember the Chrysalis Weekend is an intense program of Christian study and spiritual growth. It is **NOT** a weekend retreat or cure-all. It is good if the applicant is active in church or a campus mainline religious organization, desires an opportunity to grow in Christ and enhance their participation in Church. As a sponsor, you also understand that although you may be present during the weekend, you are not to be seen by your applicant. If at any time you have questions regarding your applicant or the Weekend, please contact the Chrysalis Board.

Sponsor's Signature: _____ Date: _____

Completed Applications

You may submit applications via email to: registrar@nashvillechrysalis.org or mail applications to:

**Nashville Chrysalis c/o Fellowship Church
2511 New Salem Highway
Murfreesboro, TN 37128**

Please include a deposit of \$25.00. This will be applied to your contribution of \$75.00 which partially off-sets the expenses for the weekend. The balance is due at the beginning of the weekend. THE DEPOSIT IS NON-REFUNDABLE UNLESS THERE ARE NO OPENINGS FOR YOUR APPLICANT. You will be notified of your acceptance and the date, location and time of your weekend. Please notify the Registrar immediately if you are unable to attend as others may be on a waiting list. Both side of this application must be completed to be accepted for a Weekend. If you do not have a sponsor, please send a message to info@nashvillechrysalis.org. Please make checks payable to Nashville Chrysalis Community or visit www.nashvillechrysalis.org to pay via PayPal using Visa, MasterCard, American Express or Discover.