

# APPLICATION TO ATTEND AN ALBEMARLE CHRYSALIS WEEKEND

Use only white paper and black ink. Please type or print all except signatures.

Full Name: \_\_\_\_\_ You prefer to be called: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone number: (\_\_\_\_\_) \_\_\_\_\_ Cell phone number: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: MALE  FEMALE  T-Shirt Size: XS S M L XL XXL

Name of School You Attend: \_\_\_\_\_ Current Grade:  9th  10th  11th  12th

Are You Currently Working? YES  NO  If Yes, Where? \_\_\_\_\_

Name of Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Applications must have your pastor's signature and phone number. If your church is currently without a pastor please have the church's Lay Leader, Deacon, etc., sign with their position and phone number.**

From whom did you learn about Chrysalis? \_\_\_\_\_

Please list all church organizations/activities youth offices held and youth activities you are involved in

Do you play a musical instrument? YES  NO  If yes, what instrument? \_\_\_\_\_

Please list all medications you are taking and any special medical or dietary needs (i.e. – vegetarian, etc): \_\_\_\_\_

Do you have any physical limitations? YES  NO  If yes, specify: \_\_\_\_\_

Please write a brief and honest statement about why you would like to attend an Albemarle Chrysalis Weekend, and what you expect to gain from this weekend. Please write down any other information about yourself that you would like to share.

Name of sponsor \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As parent/guardian I would like more information about a Chrysalis Weekend and for a representative contact me: YES  NO

Name of Parent/Guardian: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

**By my signature below I hereby give Albemarle Chrysalis, as representatives of Emmaus of the Albemarle, Inc., permission to seek appropriate medical attention for my minor child in the event of an accident, illness or injury during the Chrysalis Weekend. I will be responsible for any and all costs associated with any medical treatment provided.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note:** A non-refundable \$50.00 processing fee must accompany this application. Make checks payable to Emmaus of the Albemarle, Inc. There are no additional costs to you for your weekend, all additional expenses are underwritten by gifts from individuals who have already experienced a weekend and want to share the experience with you. **This is only an application to attend a weekend.** Notification of acceptance for a specific week-end will be made before that weekend. Complete this application and please return it to your sponsor.

# SPONSORSHIP

## Submit Two Copies of Each Page of This Application on White Paper

(To be completed by the sponsor)

Dear Sponsor:

Please read the following statement carefully and give it *prayerful* consideration. You may want to make a copy for your records. **Chrysalis** (the Youth Walk to Emmaus) **is a method of Christian renewal in the Church**. Individuals recommended for Chrysalis should be currently active in a local church and have a desire to deepen their faith and become closer to Christ in their discipleship. Chrysalis is designed for youth ages 15 to 20. **As a sponsor, you are required** to provide information to the applicant and to the applicant's parents or guardian to assist the applicant in their decision to attend a Chrysalis weekend. As a sponsor you are also required to help the applicant enter fully into Chrysalis fellowship after their weekend. You must be willing to provide prayer and support (both financial and transportation to and from the weekend). Please mail your sponsor fees as soon as you know your caterpillar has been accepted to attend a flight. **Sponsor fees are due at least two weeks prior to arriving for the weekend.** Albemarle Chrysalis is a division of Emmaus of the Albemarle, Inc.

Sponsor's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Sponsor's Cell phone: (\_\_\_\_\_) \_\_\_\_\_ Sponsor's Alternate phone: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_@\_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name of Church you attend: \_\_\_\_\_

Where and when was your original weekend? \_\_\_\_\_

Have you attended a Day of Deeper Understanding? . . . . . YES  NO

Any questions that need to be answered by an Albemarle Chrysalis Board Member? . . . . . YES  NO

I have discussed Chrysalis with the applicant and their parents or guardian and I have their support and permission to sponsor this individual . . . . . YES  NO

**Sponsor's Signature:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE:** Application's are not complete without **ALL** requested information & signatures.

Return this application and a copy of this application on white paper with the Caterpillar's \$50.00 deposit to:

**Albemarle Chrysalis  
123 Fosters Lane  
Hertford, NC 27944**

\*\*\*\*\* **FOR ADMINISTRATIVE USE ONLY** \*\*\*\*\*

Application received with completed information & signatures:	Date: ____/____/____
Deposit received? YES <input type="checkbox"/> NO <input type="checkbox"/> Check # _____	Date: ____/____/____
Applicant contacted to attend a Weekend? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: ____/____/____
Applicant Letter Sent? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: ____/____/____
Sponsor Letter Sent? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: ____/____/____
Parent Letter Sent? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: ____/____/____
Medical Release Signed? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date: ____/____/____