

# Athens Area Chrysalis

(Ages 15-21)

Flight # \_\_\_\_\_

DATES: \_\_\_\_\_

APPLICATION



---

## APPLICANT INFORMATION

---

THIS IS ONLY AN APPLICATION. Notification of your acceptance for the weekend will be made by mail. After you have completed your part of this application, please give it to your sponsor. All information will be kept confidential. PLEASE PRINT:

Name \_\_\_\_\_ Name you wish to appear on name tag \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name of your Church \_\_\_\_\_

School \_\_\_\_\_ Class/Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

My Sponsor has explained Chrysalis and the Chrysalis follow-up program of Reunion Groups and Gatherings.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

---

## MEDICAL AND PARENT INFORMATION (Applicants under 18 MUST have parent's signature.)

---

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

\_\_\_\_\_ has my permission to attend the Chrysalis weekend. In the event of an emergency and if 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, its 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 and at this event.

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

---

## APPLICANT'S PASTOR INFORMATION

---

Pastor's Name \_\_\_\_\_ Church \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

---

## SPONSOR INFORMATION

---

Sponsor's Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Weekend Attended \_\_\_\_\_

CHRYSALIS is a method of Christian renewal in the church. Applicants attending CHRYSALIS should be currently active in their local church. They should have a desire to deepen their faith and become closer to Jesus Christ. As a sponsor, you are required to provide information in helping them make their decision; to help them enter fully into the CHRYSALIS fellowship after the weekend. THIS INCLUDES TRANSPORTATION TO AND FROM THE CAMP.

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**Deadline for applications is 6 weeks before flight. See schedule for dates.**

**No money is required with the application.** The \$100.00 registration fee will need to be remitted upon receipt of the acceptance letter. Confirmation letters will be sent out 3 to 4 weeks prior to your assigned weekend.

**Please mail this completed application to:**

Peggy Bailey  
480 Riverbottom Road  
Athens, GA 30606