

SOUTHERN OHIO CHRYSALIS REGISTRATION

Flights are held at Cornerstone United Methodist Church in Portsmouth, Ohio

See website calendar for current flight dates
www.soChrysalis.com

PLEASE PRINT:

NAME _____ NAME TAG _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PREFERRED METHODS OF CONTACT (Enter applicable information): **Facebook Listing:** _____

E-Mail:

Confirm E-Mail:

Cell Phone: _____ May we text you? _____ YES _____ NO

PARENTS OR GUARDIAN'S NAME _____

BIRTH DATE _____ AGE _____ M/F _____ **CIRCLE T-SHIRT SIZE:** S M L XL 2X 3X

SCHOOL _____ GRADE _____ GRADUATION YEAR _____

YOUR CHURCH NAME AND CITY _____

WHY DO YOU WISH TO PARTICIPATE IN A CHRYSALIS FLIGHT _____

YOUTH'S SIGNATURE _____ DATE _____

TO BE COMPLETED BY PARENT OR GUARDIAN

E-Mail Address (Please PRINT clearly):

Confirm E-Mail:

If your address differs from the address above, please list it here: _____

_____ has my permission to attend the Chrysalis weekend. In the event of an emergency, if I/we cannot be reached by phone, the Chrysalis staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia.

PARENT/GUARDIAN SIGNATURE _____ PHONE _____

IF ABOVE CANNOT BE REACHED, CALL _____ PHONE _____

PLEASE LIST any medical allergies, medications being taken, special diets, medical problems, or other pertinent information regarding the applicant _____

PLEASE ATTACH a \$30.00 registration deposit to be applied to the total flight cost of \$60. **The deposit is non-refundable.** Please make your check payable to SOUTHERN OHIO CHRYSALIS. You will be notified of your flight dates. The \$30.00 balance is due on the first day of your flight. Once you complete the front of this application, please return it to your sponsor, along with the \$30 deposit. Your sponsor will complete the back of the form and will mail it to the registrar for Southern Ohio Chrysalis. If you do not have a sponsor, mail your application to the registrar, along with your deposit and a note indicating that you would like to be assigned a sponsor.

SPONSORS: Please complete this side and mail this form with the applicant's \$30.00 deposit to:

REGISTRAR - SOUTHERN OHIO CHRYSALIS
Mrs. Rochelle Barney
2006 Baird Avenue • Portsmouth, Ohio 45662
740-821-4438

Name of Applicant _____

Sponsor's Name _____

Sponsor's Address _____

City _____ State _____ Zip _____

Phone: Daytime (____) _____ Evening (____) _____ Cell Phone _____

PREFERRED METHODS OF CONTACT (Enter applicable information): **Facebook Listing:** _____

E-Mail:

Confirm E-Mail:

Cell Phone: _____ May we text you? _____ YES _____ NO

Have you served as a Chrysalis sponsor before? _____

Your church name and city _____

Where did you attend Cursillo/Emmaus/Chrysalis? _____ When? _____

How long have you known the Applicant? _____

Why do you think the Applicant would benefit from the Chrysalis Weekend? _____

Does the Applicant have physical or emotional health concerns that should be brought to the attention of the Spiritual Director? _____

Who will bring the Applicant to the Chrysalis Weekend? _____

Who will take the Applicant home? _____

Will you invite and accompany the Applicant to Hoots? _____

Please share any additional comments you believe may be helpful to us. _____

Please pray for and encourage your applicant before, during, and after the flight.

Also encourage them to join a share group!