

CHRYSALIS

REQUEST FOR RESERVATION

TO BE FILLED OUT BY APPLICANT:

Name: _____ Address: _____

City: _____ State: _____ Zip _____ Phone: (____) _____

Email: _____ Mobile Phone (____) _____

Name wanted on name tag if different from above: _____

(Circle One): Male Female T-Shirt Size: S M L XL XXL Age: _____

Name of School: _____ Grade in School: _____

In what school organizations are you active?: _____

Name & Denomination of church are attending: _____

Pastor's Name: _____

In what religious organizations are you active?: _____

If you work, what company do you work for?: _____

What do you do?: _____

Has the Chrysalis been explained to you? Yes No

Has the follow-up meeting and reunion group been explained to you? Yes No

Are you on a special diet? Yes No If so, what?: _____

Are you on medication? Yes No If so, list: _____

Do you have a health or physical handicap that may effect your attendance? Yes No

If so, please specify: _____

State briefly why you wish to be involved in the Chrysalis community and what you expect from it? _____

Your Signature: _____ Parent Signature: _____

The approximate cost for providing food, lodging and supplies is \$75.00 per participant. Make checks payable to LCAECC and indicate Chrysalis. Scholarships are available.

TO BE FILLED OUT BY SPONSOR:

(When both sides are filled in, mail to registrar)

Kathie Upchurch, Registrar
2796 Old Monticello Rd
Albany, KY 42602
(606) 387-7520

Sponsor's Name: _____ Address: _____

City _____ State: _____ Zip _____ Phone: (____) _____

Email: _____ Mobile Phone (____) _____

Name of church you attend: _____

Your Flight/Walk Number: _____

When and Where did you make your Flight/Walk to Emmaus? _____

How long have you known the candidate?: _____

Are you praying and sacrificing for your candidate? Yes No

Are you now in a group reunion/Emmaus group? Yes No

Are you able and willing to assist the candidate with getting into an Emmaus group? Yes No

Will you bring your candidate to Registration? Yes No Attend the Sponsor's Hour Yes No

Candlelight? Yes No The Closing Yes No

Please circle each appropriate adjective and comment as necessary.

NOTE: The LCAECC accepts youth ages 14 - 18.

Leadership: Fair Good Excellent Church School Athletic Musical Other: _____

Maturity: Average Mature Very Mature

Relations to Peers: Quiet Reticent Talkative Well-Liked Domineering

Comments: _____
