

CHRYSALIS APPLICATION



A completed application form must be in the possession of the registrar *no later than two weeks prior* to the start of the desired flight. Please print and fill in all questions so that we can better meet your needs.

Name _____ Address _____

City _____ State _____ Zip _____ Phone () _____

E-mail address: _____

Name you prefer on your nametag _____

Birth Date ___/___/___ Age _____ Male or Female (Circle one)

High School _____ Grade Level _____

Organizations in which you are active _____

If employed, where and nature of employment _____

Name of Church _____

Pastor's Name _____ Phone () _____

Do you have any health or physical problems, which require special needs? (Circle Yes or No) If yes, please explain _____

Allergies (bee sting, food, etc.) _____

Are you taking medication? (Circle Yes or No) If yes, explain _____

Do you require a restricted diet (Circle Yes or No) if yes, explain _____

Do you need financial assistance to attend? (Circle Yes or No)

Has Chrysalis been explained to you? (Circle Yes or No)

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

Applicant's Signature _____

Sponsor's Signature _____

Sponsor's Information (Please print):

Name _____

Phone () _____ Home

Address _____

Phone () _____ Cell

Please enclose a non-refundable deposit of \$20.00, which will be applied toward the fee of **\$75.00**. Balance is due on the date the Chrysalis begins. Make checks payable to *Burning Hearts Chrysalis Community*. You will be notified of your acceptance with the date and location of your flight.

NOTE TO SPONSOR: Parent or guardian must complete the permission form on the back.

Then forward this form to a pastor, youth counselor, or teacher who knows the applicant well.

This information will help us place the applicant in an appropriate group. **This information is**

kept in strict confidence. Mail completed application to.

Sally Smith

Chrysalis Registrar

P.O. Box 703

Crawfordsville, IN 47933



To be completed by parent or guardian of minor:

_____ has my permission to attend the Chrysalis weekend. In the event of an emergency, the Chrysalis staff has my permission to secure the services of qualified medical personnel to provide the care necessary for my child's well being. I further give the Chrysalis staff my permission to administer the medications checked below for minor illness or injury.

aspirin tylenol ibuprofen pepto bismol milk of magnesia

Parent or Guardian Signature

Date

Parent or Guardian Name, Address, and Phone:

Alternate Contact Name and Phone

Insurance Company: _____ ID# _____

Recommendation from Pastor, Youth Counselor or Teacher

Name

Address

Home Phone

Business Phone

How long have you known the applicant

In what capacity?

Evaluation of Applicant (Circle appropriate comment)

Leadership Ability

None

Poor

Good

Excellent

Areas of Leadership

School

Church

Social

Athletics

Drama

Music

Other

Maturity Level

Low

Average

Mature

Very Mature

Psychological Adjustment

Poor

Average

Good

Excellent

Relationship with Peers

Shy

Talkative

Quiet

Well-Liked

Domineering

Other

Briefly describe how the applicant might react when placed in an unfamiliar situation:

Please furnish any additional information that might help the team understand and deal more effectively with the needs of the applicant. (Home life, his or her doubts, hopes, difficulties)

Please return completed form to the sponsor for mailing. Thank you!