

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.



Burning-Hearts Chrysalis Registrar  
2404 N. Everett St.  
Crawfordsville, IN 47933  
Email: asllendicott@yahoo.com

**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!