

CHRYSLIS 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):

Phone () _____ Home

Phone () _____ Cell

Name _____

Address _____

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.



Lon Shuler
902 S Washington St.
Crawfordsville. IN 47933
or
Email: LonShuler@icloud.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.

☐ asprin ☐ 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!