



# Purchase Area Chrysalis Flight 48 Application

January 14th-16th 2023

Lay Leaders - Rachel Pickett and Johnny Dyke



Please Print Clearly

## APPLICATION SECTION:

Applicant Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Graduation Yr. \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name for Name Tag: \_\_\_\_\_

Chrysalis does not discriminate based on denomination, race, sex, or national origin. THIS IS TO BE A TOBACCO-FREE WEEKEND.

Has Chrysalis been explained to you? Yes \_\_\_\_ No \_\_\_\_

Please explain why you wish to go on a Chrysalis Flight and what you expect to happen.

Please enclose a non-refundable registration fee of **\$25** payable to Purchase Area Chrysalis

**Early Bird Registration - November 1st** - The remainder of the fee will be **(\$50)** making the total **\$75.**

**Registration after November 1st** - The remainder of the fee for the weekend **(\$75)** making the total **\$100.**

The remainder of this fee for both registrations will be due the morning of Registration.

**Scholarships are available for those who cannot pay. This is confidential information.**

Do you wish to apply for a scholarship? Yes \_\_\_\_ No \_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's preferred method of communication with Purchase Area Chrysalis: Email \_\_\_\_\_ USPS \_\_\_\_\_

## SPONSOR SECTION: **Someone who has attended an Emmaus or Chrysalis weekend must sponsor you.**

Sponsor: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Sponsor's original Emmaus Walk or Chrysalis Flight location and number \_\_\_\_\_

Sponsor's preferred method of communication with Purchase Area Chrysalis: Email \_\_\_\_\_ USPS \_\_\_\_\_

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**PARENT/GUARDIAN SECTION:**

Parent/Guardian: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you attended an Emmaus or Cursillo weekend? Yes \_\_\_ No: \_\_\_

*My child has permission to attend the Chrysalis weekend and to be transported to scheduled Chrysalis events. In the event of an emergency and if we/I cannot be reached by phone, the Chrysalis staff has my permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being. I also give my permission for the Chrysalis staff to administer prescription and non-prescription medication if needed.*

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent's preferred method of communication with Purchase Area Chrysalis: Email \_\_\_\_\_ USPS \_\_\_\_\_

**Emergency Information:**

Please call: \_\_\_\_\_ Phone #: \_\_\_\_\_ if I cannot be reached.

Please list medical problems, allergies, medications being taken, *special diet*, and other pertinent information.

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**CHURCH INFORMATION:**

Church Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Email Address \_\_\_\_\_

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You will be contacted prior to the Chrysalis weekend by our registrar via the method you selected above in the application.

**Mail this form (along with the Reference form completed by an adult) to:**

Purchase Area Chrysalis Community Lay Leader

C/O Brittany Ramage

437 Oak Shadow Lane

Benton, KY 42025

If you have any questions or for more information please contact  
Brittany Ramage (615) 681-1551.



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Purchase Area Chrysalis Reference Form (**To be filled out by an adult not related to the applicant.**)

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The candidate should give this form to a pastor or youth minister who is unrelated to the candidate but who knows him or her very well. This form **cannot** be completed by a parent, relative, or youth. This form will help us place the candidate in a group that will most benefit everyone.

Candidate's Name: \_\_\_\_\_

Name of **Adult** completing this form: \_\_\_\_\_

Adult's Phone # (\_\_\_\_ - \_\_\_\_\_) How long have you known the candidate? \_\_\_\_\_

Chrysalis is for youth that are at least fifteen (15) years old and have completed their freshman year of high school through college sophomores. Chrysalis is a three-day Christian experience designed to build youth leadership in local churches and is for youth that wants to strengthen their relationship with Christ. **Why do you think this person would be a good candidate?**

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It is important that the adult leadership of Chrysalis be aware of any physical, spiritual, or emotional problems that this person may have. Please provide comments that will help us to understand and deal sympathetically with him or her. Comments about the person's home life, personality, and present relationship with Christ would be of great help. These comments are held in the strictest confidence.

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Thank you for your help. Please help us pray for all the youth and team members of Chrysalis Flight 48.

**Mail this form (along with the application) to:**

Purchase Area Chrysalis Community Lay Leader  
C/O Brittany Ramage  
437 Oak Shadow Lane  
Benton, KY 42025

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