

# Purchase Area Chrysalis Flight 49 Application

**January 13th-15th 2024**

Lay Leaders - Kathy Farley and Chris Alexander



**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 \_\_\_\_\_

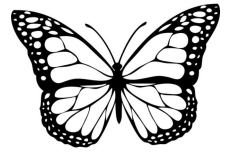
Sponsor's preferred method of communication with Purchase Area Chrysalis: Email \_\_\_\_\_ USPS \_\_\_\_\_



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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 allow 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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Our registrar will contact you before the Chrysalis weekend 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 Registrar  
C/O Rachel Pickett  
712 Nucholls Ave  
Kevil, KY 42053

If you have any questions or for more information, please contact  
Rachel Pickett at (270) 254-1704.



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Purchase Area Chrysalis Reference Form

**(To be filled out by an adult not related to the applicant.)**

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. A parent, relative, or youth cannot complete this form. 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 currently for youth that is currently in High School through their Freshman year of college. 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 greatly 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 Registrar

C/O Rachel Pickett

712 Nucholls Ave

Kevil, KY 42053

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Rachel Pickett at (270) 254-1704.