

Pennyrile Area Chrysalis Application

Please type or print: Male ___ Female ___
Name _____ Address _____
City _____ State _____ Zip _____ Phone # (____) _____
Age ___ Birth Date _____ Church you currently attend _____
School _____ Graduation year _____
E-mail address _____ Name for nametag _____
Organizations or activities important to you: _____
Your T-shirt size _____

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 \$15 payable to The Pennyrile Area Chrysalis. The remainder of the fees for the weekend is \$45 in addition to the \$15 registration fee. This will be collected at the time of arrival on Saturday morning. Scholarships are available for those **unable** to pay. Do you wish to request a scholarship? ___ Chrysalis does not discriminate based on denomination, race, sex, or national origin. This is to be a tobacco free weekend. Someone who has attended an Emmaus or Chrysalis weekend must sponsor you.

Sponsor _____ Address _____
City _____ State _____ Zip _____ Phone # (____) _____

Youth Signature _____ **Date** _____

To be completed by Parent or Guardian: 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** _____

Please call _____ Phone # (____) _____ if I cannot be reached. Please list medical problems, allergies, medications being taken, special diet and other pertinent information: _____

You will be contacted prior to the Chrysalis weekend by our registrar. The fees collected from candidates and team members do not fully cover the cost of the Chrysalis weekend. Additional contributions by persons interested in Christian ministry to youth are very helpful. To donate, please make your check payable to "Pennyrile Area Chrysalis" and send it to the address below. Thank you so much.

Mail this form (along with the Reference form) to:
Pennyrile Area Chrysalis
PO Box 121
Hopkinsville, KY 42241-0121

Pennyrile Area Chrysalis Reference Form

The candidate should give this form to a pastor, an adult youth counselor, or a teacher who is unrelated to the candidate who knows him or her very well. 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 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 want to strengthen their relationship with Christ. Why do you think this person would be a good candidate?

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. _____

Thank you for your help. Please pray for all candidates and team members of Chrysalis. The fees collected from candidates and team members do not fully cover the cost of the Chrysalis weekend. Additional contributions by persons interested in Christian ministry to youth are very helpful. To donate, please make your check payable to "Pennyrile Area Chrysalis" and send it to the address below. Thank you so much.

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