



## Youth Walk To Emmaus

Request for Reservation: Spring \_\_\_\_\_ Fall \_\_\_\_\_ 20\_\_\_\_\_. Weekend Date \_\_\_\_\_

COMPLETE THIS FORM COMPLETELY & RETURN TO:

Email: [flights@ccchrysalis.com](mailto:flights@ccchrysalis.com)

TO BE COMPLETED BY CANDIDATE: (Please Print)

(MUST BE AT LEAST A FRESHMAN – WEEKEND COMMITMENT IS FOR ALL 3 DAYS)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_ Graduation Date \_\_\_\_\_

Name you wish to be on Name Tag \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ TShirt Size \_\_\_\_

School Name \_\_\_\_\_ School Activities \_\_\_\_\_

Name of Church you are Attending \_\_\_\_\_

Address of Church \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Pastor \_\_\_\_\_

Has the Chrysalis weekend been explained to you? \_\_\_\_\_ The Follow up? \_\_\_\_\_

State briefly why you wish to participate in Chrysalis and what you expect from it?

---

---

---

Name of Non-Related Adult closest to you? (not clergy) \_\_\_\_\_

SPONSORS NAME \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Church \_\_\_\_\_

Your Signature (Youth's) \_\_\_\_\_ Date \_\_\_\_\_

PLEASE USE THE LINK BELOW TO PAY PRE-REGISTRATION DEPOSIT OF \$25.00 OR THE BALANCE OF \$150.00. This deposit partially offsets the expense of your weekend, and is NON-REFUNDABLE unless we have no openings remaining.

Please be sure to put the APPLICANTS NAME in the COMMENT section when you pay using **THIS LINK:**

<https://donorbox.org/chrysalis-donation>

If Fee is a Hardship; Scholarships are Available. Contact Registrar by email: [flights@ccchrysalis.com](mailto:flights@ccchrysalis.com).



TO BE COMPLETED BY PARENT OR GUARDIAN: (Please Print)

My son/daughter (youth's name) \_\_\_\_\_ has my Permission to attend the Chrysalis weekend. In the event of an emergency and if I/we cannot be reached by phone, the Chrysalis staff has permission to secure the services of licensed medical professionals to provide care necessary, including anesthesia for my son/daughter's wellbeing.

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

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

If the above cannot be reached, please call: \_\_\_\_\_

Home \_\_\_\_\_ Email \_\_\_\_\_

Please list any medical allergies, medications being taken, medical problems, special diets or other pertinent information (attach separate sheet if necessary)

---

---



TO BE COMPLETED BY SPONSOR: (Please Print)

Name of Sponsor \_\_\_\_\_

Name and denomination of your Church \_\_\_\_\_

Do You Attend regularly? \_\_\_\_\_

Where and when did you attend Cursillo/Emmaus/Chrysalis? \_\_\_\_\_

Are you in reunion Group? \_\_\_\_\_ Why do you think this person would benefit from the Chrysalis Weekend?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your candidate have a physical or mental health concern that should be brought to the attention of the Spiritual Director?

\_\_\_\_\_  
\_\_\_\_\_

Please make any additional comments you believe may be helpful.

\_\_\_\_\_  
\_\_\_\_\_

Will you bring your candidate to the Chrysalis weekend? \_\_\_\_\_

Will you take your candidate Home? \_\_\_\_\_ If not who? \_\_\_\_\_

Have you explained the Reunion groups? \_\_\_\_\_

Are you aware of the importance of minimal contact with the candidate during the weekend? \_\_\_\_\_

Will you assist your candidate in finding a reunion group? \_\_\_\_\_

Will you be present at Weekend Events? \_\_\_\_\_

Besides sponsorship, in what capacity would you like to work this weekend?

\_\_\_\_\_  
\_\_\_\_\_