



Youth Walk To Emmaus

Request for Reservation: Spring _____ Fall _____ 20_____ Weekend Date _____

COMPLETE THIS FORM COMPLETELY & RETURN TO:
Email: adriannenanderson@gmail.com
Phone: 843-421-6863

COASTAL CAROLINA CHRYSALIS
Attn: Adrienne Anderson
P.O. Box 1084
Conway, SC 29528

TO BE COMPLETED BY CANDIDATE: (Please Print)
(MUST BE AT LEAST A SOPHOMORE – WEEKEND COMMITMENT IS SATURDAY AM - MONDAY PM)

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 ENCLOSE A PRE-REGISTRATION DEPOSIT OF \$25.00 _____ Paid. This will be applied toward your contribution of \$100.00 which partially offsets the expense of your weekend. This deposit is NON REFUNDABLE unless we have no openings for you. Please make your check out to Coastal Carolina Chrysalis. Thank you. Balance Due _____ Paid _____
If Fee is a Hardship; Scholarships are Available. Contact Registrar.



TO BE COMPLETED BY PARENT OF 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? _____