



Youth Walk To Emmaus

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

COMPLETE THIS FORM COMPLETELY & RETURN TO:

Email: 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.



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?

