



Athens Area Chrysalis

(Ages 15-21)

Flight # _____ Dates: _____

Application Information. Please have all pages of this application completed.

THIS IS ONLY AN APPLICATION. Notification of your acceptance for the weekend will be made by mail. After you have completed your part of this application, please give it to your sponsor. All information will be kept confidential.

Name _____

Name you wish to appear on your nametag: _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell _____

Age _____ Birthday _____ Male _____ Female _____

Name of your church _____

School _____ Class/Grade _____

T-Shirt Size (these are all adult sizes) XS S M L XL XXL XXLT (Tall) XXXL XXXLT (Tall)

My Sponsor has explained Chrysalis and the Chrysalis follow-up program of Reunion Groups and Gatherings.

Applicant Signature _____ Date _____

Email _____

MEDICAL AND PARENT INFORMATION (APPLICANTS UNDER 18 MUST HAVE PARENT SIGNATURE)

List medical allergies, medications being taken, medical problems, special diet, or other pertinent information.

_____ has permission to attend the Chrysalis weekend. In the event of an emergency and 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. We further do hereby, release and discharge Chrysalis, its Board and members from any and all liability from illness, injuries, and damages that may arise out of resulting from my child's participation in or traveling to or from and at this event.

Parent/Guardian Signature _____ Date _____

Home phone _____ Cell Phone _____ Work phone _____

Parent email _____

Applicant's Pastor Information

Pastor's Name _____ Church _____

Address _____ City _____ State _____ Zip _____

Pastor's Signature _____

Date _____ Phone _____



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Flight # _____ Dates: _____

Applicant's Name: _____

Sponsor Information

Sponsor's Name _____

Address _____ City _____ St _____ Zip _____

Sponsor's email _____ Phone _____

Weekend Attended (your Walk or Flight) _____

CHRYSalIS is a method of Christian renewal in the church. Applicants attending CHRYSalIS should be currently active in their local church. They should desire to deepen their faith and become closer to Jesus Christ. As a sponsor, you are required to provide information in helping them make their decision; to help them enter fully into the CHRYSalIS fellowship after the weekend. THIS INCLUDES TRANSPORTATION TO AND FROM THE CAMP.

Sponsor Signature _____ Date _____

Deadline for applications is 6 weeks before flight. See schedule for dates.

No money is required with the application. The \$125.00 registration fee will need to be remitted upon receipt of the acceptance letter. Confirmation letters will be sent out 3 to 4 weeks prior to your assigned weekend.

Please mail this completed application to:

Chrysalis Board
P.O. Box 601
Commerce, GA 30529