



West Tennessee
Emmaus and
Chrysalis
Community

FOR OFFICE USE ONLY	Application Fee \$125
Date Rec. _____	
Date approved by WTC board _____	
Deposit pd _____ Balance pd _____	
Scholarship needed? Y/N If yes, has application been filed? _____	
Date Confirmation sent _____	

****In order for an application to be considered for approval-ALL PARTS OF THE APPLICATION MUST BE COMPLETED.***

Applicant InformationTo be filled out BY THE applicant & Sponsor then mailed to
Chrysalis Registrar, 808 S College St, Trenton, Tn 38328**

Last Name _____ First Name _____ MI _____

Name as you would like it to appear on name tag for the weekend _____

Birth date _____ Age _____ Gender M/F T-Shirt Size _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

E-mail _____

Parent/Guardian Names _____

Parent/Guardian-Cell Phones _____

Email _____

School attending _____ Current Grade _____

School activities _____

Has the Chrysalis Weekend and Follow Up been explained to you AND your Parents/Guardians? YES NO

Briefly state WHY you wish to participate in Chrysalis _____

Briefly state WHAT you expect to learn from Chrysalis _____

Church InformationTo be filled out BY THE applicant**

Name & Location of Church _____

Pastor's Name _____ Phone Number _____

Church or Community Activities _____

Sponsor, please remember the Chrysalis Weekend is an intense program of Christian study and growth. It is NOT a weekend retreat or cure-all. It is good if the applicant is active in church or campus ministry and has a desire to grow in Christ and enhance his or her participation in this organization. As a sponsor, you also understand that although you may be present during the weekend, you do not need to interact with your youth in a way that is distracting to the youth or any other participants on the flight. If at any time you have questions regarding your applicant or the weekend, please contact Delores Smith, Chrysalis Registrar at smithumw@gmail.com.

The cost for the weekend is \$125. Scholarship applications are available upon request.

Medical/Parental InformationTo be filled out by the parent/guardian of applicant**

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

Emergency Contact needs to be an adult OTHER THAN parents/guardians living within the same household

If I CANNOT be reached, please call: _____ Phone _____

The above mentioned contact person has my 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, it's Board and members from any and all liability from illness, injuries and damages that may arise out of or resulting from my child's participation in or traveling to or from this event.

Sponsor InformationTo be filled out by the sponsor**

Sponsor's Name _____ Relationship to youth _____

Sponsor's Address _____

Phone Numbers _____ Original Walk or Flight # _____

E-mail _____

Briefly describe recent activity in Chrysalis/Emmaus Community _____

Does the youth have any personal issues that might **HINDER** their participation in the weekend? **YES NO**
If YES, please explain the situation(s) in a way that will allow the board to determine if it is appropriate for the youth to attend this flight _____

As the sponsor do you commit to

- | | |
|---|--------|
| Bringing the youth to Send Off | YES NO |
| Attending the services throughout the weekend | YES NO |
| Getting the youth to Follow Up | YES NO |
| Encouraging and Praying for your youth throughout the weekend | YES NO |
| Allow your caterpillar to have his/her own experience by not inserting yourself in the weekend in a way that will distract the caterpillar (i.e. serving at multiple meals, etc...) | YES NO |

<p style="text-align: center;"><u>Notary-for Parent Signature</u></p> <p>Notary Name: _____</p> <p>Date Commission expires: _____</p>	<p style="text-align: center;"><u>Notary Seal-for Parent Signature</u></p>
<p style="text-align: center;"><u>Signatures REQUIRED for consideration</u></p> <p style="text-align: center;"><u>Application CANNOT be processed and approved without ALL signatures and official notary.</u></p> <p><i>By signing below, you agree that your answers are correct to the best of your knowledge.</i></p> <p>Applicant Signature: _____</p> <p>Parent/Guardian Signature: _____</p> <p>Pastor Signature: _____</p> <p>Sponsor Signature: _____</p>	