



# Son Coast Chrysalis Application

You and/or your parent or guardian should complete the appropriate boxes below page and return it to your sponsor as soon as possible with a \$30.00 check for the deposit payable to: **Son Coast Chrysalis**. Your sponsor(s) will fill out the sponsor box and mail to **PO BOX 15034, WILMINGTON NC 28408**. The nonrefundable deposit will be applied toward the \$125.00 cost of your Chrysalis flight. However, a **\$25.00 discount will be given to all applications received 60 days before starting flight date**. Please go to our web site at <http://www.soncoastshrysalis.org> for a schedule of upcoming flights.  
**(FLIGHT REGISTRATION ENDS 10 DAYS PRIOR TO FLIGHT AS SPACE ALLOWS)**

### TO BE FILLED OUT BY THE YOUTH:

**Date:** \_\_\_\_\_  
 Name: \_\_\_\_\_ Name you wish to be called: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Gender: \_\_\_\_\_  
 City: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_ Home Phone: ( \_\_\_\_ ) \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Church: \_\_\_\_\_ Pastor or Youth Leader: \_\_\_\_\_  
 Church, School, and Community Activities: \_\_\_\_\_  
 Have Chrysalis and the follow-up been explained to you? YES NO Do you have a fear of clowns? YES NO  
 Why do you want to be involved in Chrysalis and what do you expect from it? \_\_\_\_\_  
 \_\_\_\_\_  
 Any medications, allergies, special diet? YES NO Explain: \_\_\_\_\_  
**Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### TO BE COMPLETED BY PARENT or GUARDIAN ONLY:

\_\_\_\_\_ has my permission to attend a Chrysalis weekend. I am aware they will require transportation to and from various locations by church vans driven by adults. In the event of an emergency, and if I can not 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.  
 Any medical problems or other pertinent information: \_\_\_\_\_  
 Medical Insurance Company and Number: \_\_\_\_\_  
**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### TO BE FILLED OUT BY THE SPONSOR:

Name: \_\_\_\_\_ Church: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_ ) \_\_\_\_\_  
 City: \_\_\_\_\_ Cell/Work Phone: ( \_\_\_\_ ) \_\_\_\_\_  
 State/Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Your Cursillo/Emmaus/Chrysalis: When \_\_\_\_\_ Where \_\_\_\_\_ Number \_\_\_\_\_  
 Are you in a Reunion Group? \_\_\_\_\_ Have you been a sponsor before? \_\_\_\_\_  
 Please tell us about your candidate so that the Chrysalis may be even more meaningful: \_\_\_\_\_  
 \_\_\_\_\_  
 Are you willing to pray and sacrifice for your candidate? YES NO  
 Will you be responsible for getting your candidate to Chrysalis? YES NO  
 Will you be responsible for getting your candidate home from Chrysalis? YES NO  
 Will you attend Sponsor's Hour? YES NO  
 Are you aware of the importance of minimal contact with your candidate during the flight? YES NO  
 Have you explained the Hoots, Gatherings, and Reunion Groups? YES NO  
 Will you accompany your candidate to the Hoots, Gatherings, and Reunion Groups? YES NO  
 Do you understand the responsibility of assisting your candidate in finding a Reunion Group? YES NO  
 Does your candidate have a physical or mental health concern that should be brought to the attention of the Directors?  
 Please make any additional comments you believe would be helpful: \_\_\_\_\_