

**Chrysalis - Request for Reservation
Llano Estacado Emmaus/Chrysalis Community**

Dear Candidate:

All of the information requested is necessary for your proper placement in the Chrysalis Journey. Incomplete applications are not considered and will be returned. The fee is \$185 for all journeys. The fees must accompany this application. Once you are accepted, only \$135 will be refunded upon cancellation. Scholarships are available and should be arranged through your sponsor. Upon acceptance, you will be notified by mail and other information necessary will be provided. Please note that the medical release form is a part of this application and must be signed and notarized.

Please fill in applicable Journey # and date: Journey # and dates are posted at www.llanoemmaus.org
____ Guy's Journey # _____ Date _____ Girls Journey _____ Date _____

Applicant Information:

Name _____ Birth Date _____

Preferred Name-Tag Name (if different) _____

Grade completed at time Of Chrysalis _____ School Attending _____

Present Address _____

City _____ State _____ Zip Code _____

Email _____ Home/Cellphone _____

Permanent Address _____

City _____ State _____ Zip Code _____

Name/Denomination of Church Now Attending _____

Are you actively involved in a group at your church? Yes _____ No _____

Your Signature _____ Date _____

Pastor or Youth Director's Name _____

Pastor or Youth Director's signature _____

Sponsor's Information: (Must have attended "Walk" or "Chrysalis".)

Sponsor's Name _____ Community Affiliation _____

Address _____ City _____ State _____ ZipCode _____

Home Phone _____ Cell Phone _____

**Medical Information and Authorization
Llano Estacado Emmaus/Chrysalis Community**

It is mandatory that this entire page be completed for those applicants under 18 years old. Applicants 18 years old and older complete 1 - 5 in the middle of the page.

I, _____ am the parent/guardian of _____, who has my permission to attend the Chrysalis weekend. During this time, I may be reached at the following address and phone numbers:

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please provide the following information about the candidate:

1. List any Allergies _____

2. Special Medication _____

(If so, please send in prescription with instructions and content.)

3 Doctor's name and phone number _____

4. Special Diet _____

5. Special health problems or physical handicap that may affect candidate's participation: _____

AUTHORIZATION:

I understand that my son/daughter will be in the care of the Chrysalis adult staff members. In the case of an emergency and in case I cannot be readily contacted, the Chrysalis Staff has my permission to secure any medical treatment available for my Child. I also that I will be responsible for the cost of such medical treatment.

Signature of Parent/Guardian _____ Date _____

Notary Declaration:

Subscribed and sworn before me, a Notary public in _____ County, TX on this ____ day of _____ 20__.

Signature of Notary _____ My Commission expires _____

**Llano Estacado Chrysalis Community
Sponsor's Application**

SPONSOR: Please fill out this form completely and send with the candidate's application and application fee to the address on the bottom of the application. It is important that YOU as sponsor take care of this process.

Sponsor's Name _____ Where did you go on your Walk to Emmaus/Chrysalis/Kairos/Cursillo
 Mailing Address: _____ When? _____ Where? _____ Walk/Journey # _____
 E-Mail _____ Have you attended a Community Meeting? _____
 City _____ State : _____ Zip Code _____ Church Affiliation: _____
 Home/Cell Phone: _____ How long have you known the candidate? _____
 Work Phone: _____

Have you attended Sponsorship Training? _____

It is important for the success of the Chrysalis for you to be a **fully participating Sponsor**. Please answer each question. If you cannot answer "Yes" to all questions below, then attach a separate sheet explaining why you cannot fulfill the sponsor's duties. These explanations will reviewed before the application is processed.

Name of Candidate: _____ Name desired on name tag _____

Explain any special physical or mental health needs of the Candidate _____

Are you willing and able to assist the candidate in joining a Reunion Group? _____ Yes _____ No

Have you sponsored candidate before? _____

Have you explained the Post Emmaus meetings? _____ Yes _____ No

Have you made sure that your candidate has a nice outfit for Dinner? _____ Yes _____ No

As a sponsor, you are responsible to participate in these events. Please indicate the events you will attend:
 _____ Sendoff _____ Sponsor's Hour

Are you praying for your candidate? _____ Yes _____ No

Will you bring food and pillow Agape? _____ Yes _____ No

_____ Closing _____ First Community
 See www.llanoeffmaus.org for Location.

Have you explained to the candidate, except in emergency, they should expect no contact during the weekend? _____ Yes _____ No

Have you signed up for the Prayer Vigil? _____ Yes _____ No

Have you explained what a Chrysalis is to the parents, roommate(s) or spouse _____ Yes _____ No

Sponsor's Signature _____

Mail this completed form and fee to:

Girls: Cindy Hunt
 PO Box 65116
 Lubbock, TX 79464-5116
Chunt518@gmail.com
 806-239-2829

Guys: Jonathan Bloxom
 PO Box 65116
 Lubbock, TX 79464-5116
jonathanbloxom@gmail.com
 806-632-4764

FOR REGISTRAR'S USE ONLY

Date Received: _____ Amt Paid _____ Ck# _____ Cash _____

Confirm letter: Sponsor _____ Caterpillar _____

Waiting List Letter: Sponsor _____ Caterpillar _____