



Son Coast Chrysalis Application *(updated 8/9/2017)*

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 \$50.00 check for the deposit payable to: Son Coast Chrysalis. Your sponsor(s) will fill out the sponsor box and mail to PO BOX 4826, WILMINGTON NC 28406. The nonrefundable deposit will be applied toward the \$150.00 cost of your Chrysalis flight. Please go to our web site at www.soncoastshrysalis.org for a schedule of upcoming flights.

(FLIGHT REGISTRATION ENDS 7 DAYS PRIOR TO FLIGHT AS SPACE ALLOWS)

TO BE FILLED OUT BY THE YOUTH:

Cell Phone Number: _____

Name: _____ Name you wish to be called: _____

Birth Date: _____ Age: _____ Gender: M F Shirt Size: _____

Address: _____ Email: _____

City: _____ State/Zip: _____

School: _____ Grade: _____

Church Name: _____ Pastor/Youth Pastor: _____

Has Chrysalis and the follow-up been explained to you: Yes No

Any medications, allergies, special diet? Yes No If yes, explain: _____

TO BE COMPLETED BY PARENT OR GUARDIAN ONLY (MUST BE FILLED OUT IN FULL):

_____ 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 I cannot be reached by phone, the Chrysalis staff has my permission to secure the services of a 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: _____ ID #: _____

Parent e-mail address: _____ Parent Phone _____

Have you attended an Emmaus walk? Y N Community Name: _____ Walk #: _____

Parent Printed Name: _____

Parent Signature _____

SPONSOR FILL OUT PAGE 2

TO BE FILLED OUT BY SPONSOR:

Name: _____ Church: _____

Address: _____ Cell Phone: _____

City: _____ State/Zip: _____

Your Chrysalis Experience: When _____ Where _____ Flight # _____

Are you in a Reunion Group? Y N Have you been a sponsor before? Y N

****I understand that by being a sponsor, I agree to attend all services, pray for, and be available to my caterpillar and as required as act of sacrificial Agape for this person. (Signature _____ Date: _____)**

ALL E-MAILS WILL BE SENT OUT THE WEEK OF THE FLIGHT, PLEASE KEEP YOUR EYE OUT!!

Please mail application to: Son Coast Chrysalis, PO Box 4403, Wilmington, NC 28403-1403 *(updated 10/17/15)*