



MISSOURI EAST CHRYSALIS RESERVATION REQUEST

Ages 19-24

TO BE COMPLETED BY THE PARTICIPANT (Please type or print)

Name _____ Name for Name Tag _____

Home address _____

Home e-mail _____

School/other address _____

School/other e-mail _____

Home phone (____) _____ School/other phone (____) _____ Date of Birth _____

Sex M F Occupation _____ Number of years of education completed _____

Marital Status _____ If married, has your spouse participated on a weekend: _____

Church now attending _____ Pastor _____

Religious and Community Organizations _____

Has the Chrysalis weekend been explained to you? Y N

Have the follow up programs of group reunions and hoots been explained to you? Y N

Briefly state why you wish to participate in Chrysalis and what you expect from it.

Are you on a special diet? _____ If so, what? _____

List any allergies or medical conditions: _____

Are you on medication? _____ If so, what? _____

Sponsor's Name _____ Sponsor's home phone(____) _____

Sponsor's school phone_(____) _____

Please enclose a pre-registration deposit of \$25.00. This deposit is not refundable. Make check payable to the Missouri East Chrysalis. You will be notified of your acceptance and the dates and location of your weekend. The cost of the weekend is \$50.00. (less deposit) and is due at the time of registration on the weekend.

IMPORTANT: PLEASE NOTIFY US **IMMEDIATELY** IF YOU CANNOT COME, as there is a waiting list for each weekend.

Participant's signature _____ Today's date _____

Send completed Application and Registration fee to:

Missouri East Chrysalis Registrar

P O Box 27

St. Peters, MO 63376

EMAIL: moregistrar@mochrysalis.org

Emergency Information for Participants Missouri East Chrysalis



Name _____

Address _____

Street _____

City _____ State _____ Zip _____

Home Phone _____

Birth Date _____

Please Check if Applicable

() Allergic to _____

() Special Diet _____

() Special medical needs _____

() Need reminder to take medications at a certain time _____

() Other _____

Health Insurance Carrier _____

Policy # _____

Name of Policy Holder _____

Pre-Certification / Authorization Phone # _____

Physician's Name _____

Address _____ Phone _____

IN CASE OF EMERGENCY PLEASE NOTIFY

Name _____ Phone _____

Name _____ Phone _____

A CONTACT PERSON IN THE ST. LOUIS AREA (if possible)

Name _____ Phone _____

TO BE FILLED IN COMPLETELY BY SPONSOR (PLEASE PRINT)

Name _____ Home Phone (_____) _____

Home address _____

Home e-mail _____

School/Other Address _____

School / Other E-mail _____

Work phone _____ Church now attending _____

In which weekend did you originally participate? (circle one) Chrysalis Flight, Journey, Flourney, Emmaus or Cursillo

Other three day program (specify) _____

When and where did you participate as a butterfly/pilgrim _____

Are you now in a Reunion Group? _____ Are you praying & sacrificing for your participant? _____

How long have you known your participant? _____

Why do you feel that this person would be a good participant? _____

Are you able and willing to assist your participant in joining a Reunion Group _____

I have discussed Chrysalis with my participant's family (circle appropriate answer). Parents Guardians Spouse

Will you bring your participant to the Chrysalis site? _____ (If not, you must make arrangement for someone else to bring him/her.)

Will you attend: Sponsors' Parents' Hour _____ Candlelight _____ Closing _____

Will you encourage your participant's parents/ guardians/spouse to attend Parents' Hour _____ Closing _____

Have you explained Reunion Groups _____ IGNITE _____

Are you aware of the importance of minimal contact with your participant during the weekend? _____

Does your participant have the physical and mental health for a Chrysalis weekend? _____

Is your participant under any temporary emotional strain that might indicate his/her weekend should be postponed? _____

If your participant is married, can you care for the needs of his/her spouse over the weekend? _____

If your participant is married and his/her spouse has not participated in a weekend, do you understand that both their applications must be submitted together? _____ If both have not participated and only one application is being submitted, do you understand a letter of explanation must be enclosed with this application? _____

Sponsor's

Signature Date