



# MISSOURI EAST CHRYSALIS RESERVATION REQUEST

## Ages 15-18

### To be Completed by Applicant

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name for name tag \_\_\_\_\_ Sex: M F Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Year of Graduation \_\_\_\_\_ EMAIL Address: \_\_\_\_\_

Name & Denomination of church now attending \_\_\_\_\_

Religious or Community Organizations \_\_\_\_\_

School Activities \_\_\_\_\_

Has the Chrysalis weekend been explained to you? Y N

Has the follow up program of group reunions and gatherings been explained to you? Y N

State briefly why you want to participate in Chrysalis and what you expect from the experience.

Please enclose a non-refundable pre-registration deposit of \$25.00. Make check payable to Missouri East Chrysalis. You will be notified of your acceptance and the dates and location of the weekend you will be attending. PLEASE NOTIFY YOUR SPONSOR IMMEDIATELY IF YOU CANNOT ATTEND YOUR ASSIGNED WEEKEND AS THERE IS A WAITING LIST. The cost of the weekend is \$50.00 (less the deposit) and is due upon arrival at the registration desk.

Signature of Applicant \_\_\_\_\_ Today's Date \_\_\_\_\_

### **TO BE COMPLETED BY PARENT OR GUARDIAN**

\_\_\_\_\_ has my permission to attend the Chrysalis weekend. In the event of an emergency and if I/we 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.

Signature of parent or guardian \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

If the above cannot be reached, please call \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Please list any allergies, medication being taken, medical problems, special dietary needs, or any other pertinent information** \_\_\_\_\_

# 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 Completed by Sponsor

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

Where did you complete your Walk to Emmaus/ Chrysalis/Crusillo/TEC? \_\_\_\_\_

When \_\_\_\_\_ Number \_\_\_\_\_

Are you currently in a reunion group? Y N

Have you been praying and sacrificing for your Caterpillar? Y N

How long have you known this Caterpillar? \_\_\_\_\_

Why do you feel this person would benefit from the Chrysalis experience? \_\_\_\_\_

Have you explained Reunion Groups to the Caterpillar? Y N

Are you able and willing to assist the Caterpillar to get into a Reunion Group? Y N

Have you discussed Chrysalis with the Caterpillar's parents or guardians? Y N

Will you bring the Caterpillar to the Chrysalis sight? Y N

Will you attend Sponsor's/ Parent's Hour? Y N , Candlelight? Y N , Closing? Y N

Will you encourage the Caterpillar's parents/guardians to attend Parent's Hour? Y N , Closing? Y N

Are you aware of the importance of minimal contact with your Caterpillar during the weekend and are you willing to uphold minimal contact? Y N

Does the Caterpillar have the physical and mental health required for a Chrysalis weekend? Y N

Is the Caterpillar under any emotional strain that might indicate his/her Flight should be postponed until another date? Y N

I understand that if my Caterpillar has a serious illness, injury, or surgery prior to their scheduled weekend, that I must contact the Registrar. I also understand that it is my responsibility to keep the Registrar informed of any changes to this situation.

\_\_\_\_\_  
(Sponsor's signature)

\_\_\_\_\_  
(Date)

Send completed Application and Registration fee to:

Missouri East Chrysalis Registrar

P O Box 27

St. Peters, MO 63376

EMAIL: [moregistrar@mochrysalis.org](mailto:moregistrar@mochrysalis.org)

(Revised July 2017)