

BUTTERFLY PILGRIM APPLICATION

PLEASE TYPE OR PRINT LEGIBLY IN INK

• ALL 4 SIGNATURES ARE REQUIRED BEFORE FORM CAN BE PROCESSED

• RETURN THE COMPLETED FORM TO YOUR SPONSOR	, SO THEY MAY FILL IN THEIR SECTION.			
YOU MUST SUBMIT A BACKGROUND CHECK FORM V	VITH YOUR APPLICATION IF YOU ARE 18YRS OR OLDER			
Chrysalis requested: Flight Date Cos	t <u>\$100.00</u>			
SECTION A: CANDIDATE INFORMATION				
Last Name: First Name	: Name Tag:			
Male() Female() DOB:/				
Address	City State Zip			
Home Phone () Email addre	ess:			
Church Name and the denomination presently attendi	ng:			
School:	Fall Grade Level:			
Has Chrysalis been fully explained to you? Yes No	Has Post Flight follow up been explained? Yes No			
Name of the Local Chrysalis Next Step or Emmaus 4th Day Group for Post Flight gatherings that you would be attending (check with your sponsor if unclear what the name is)				
SECTION B: COVENANT OF CONDUCT				
responsible for damage. (6) ALL medication will be list skateboards, cell phones or other electronics, and care event are not allowed. (8) Misuse of snack food, which (9) No one may leave the site of the event. Cars broug event. Violation of Points 2-9 will result in the immediate	struction or abuse of property. Cost of repairs will be paid by those ted with the designated adult. (7) Fireworks, firearms, neras or any other items that may interfere with the purpose of the h includes the ordering or delivering of food items, is not allowed. In the hold of the participant from the event and parents and ach applicant/candidate regardless of the amount of time spent at			
I have read the COVENANT OF CONDUCT and I agree	to abide by all rules described therein.			
Candidate's Signature:	Date:			

SECTION C: MEDICAL INFORMATION

The applicant is taking the following medications:	
All prescriptions must be sent in the original container, labeled with instructions	and content.
Do you have special Health issues or Non Food Allergies that would affect y	your participation on the Flight? Yes No
If YES~ please explain:	
Do you have any Handicaps that would affect your participation on the Flig	ght? Yes No
If YES~ please explain:	
Are you on a special diet or have Food Allergies? Yes No	
If YES~ please explain:	
Date of last Tetanus: Doctor's Name/Number:	
SECTION D: INSURANCE INFORM	MATION
Name of Insured / Relationship:	ID#:
Group/Policy #: Eligibility Phone Numb	per (Member Services):
Insurance Carrier Name/Address:	
SECTION E: PARENT/GUARDIAN INFORMATION	ON AND SIGNATURE
·	
Parent/Guardian Last Name: F	
Address City	
Home Phone () Work Phone ()	
Email address:	
Please check all accepted statements before signing this application:	
My child, identified on this application, has my permission as parent/le the dates outlined on this application. During the event, I may be reach	
I understand that my child will be in the care of the adult volunteers of be contacted in an emergency situation, I hereby give my consent for r son/daughter under the supervision of a Chrysalis adult volunteer. I ag in the treatment of my son/daughter.	medical treatment to be administered to my
Yes No May we publish your telephone number and home address butterflies and team members during the event?	on lists of participants distributed to other
Yes No I would like my child to receive information by mail/email a	bout upcoming events sponsored by:
○ The Local Chrysalis / Emmaus Group ○ The	Upper Room
Signature of Parent/Guardian:	Date:

SECTION F: SPONSOR'S SECTION

Sponsor's Last Name:	First Name:			
Address	City	State Zip		
Home Phone () Work Ph	one ()	Cell Phone ()		
Email address:	I have know	n the applicant for (mos/yrs):		
Chrysalis FLIGHT and JOURNEY retreats are design Christ. It is a time of self-discovery and spiritual ce has the maturity to truly benefit from the Chrysali weekend and be willing to engage in the discussio experience. Every sponsor should reflect upon his sure it is consistent with the purpose of Chrysalis. go"; to have a full weekend; to reproduce one's over; so have a full weekend; to reproduce one's over; so have a candidate for the Chrysalis event.	entering. Sponsors should is event. Candidates for ins and self-reflection ne or her motivation for w Some examples of mista wn religious experience	Id consider carefully whether their candidate Chrysalis should understand the nature of the cessary to make Chrysalis a meaningful vanting to sponsor a young person and make aken purpose include: "to get all my friends to in others; to "fix" a young person's problems	ie to	
I have known this candidate for the time indicated Chrysalis. I understand that my responsibilities as the event, as well as participation in the sponsor's sponsor. I will make every effort to fully participate	a sponsor include: prayer events during the week	er for my candidate leading up to and during kend, and any other duties outlined to me as		
Sponsor's Signature:		Date:		
SECTION G: CHURCH LEA I understand the purpose of the Chrysalis weeken benefit from the Chrysalis experience at this time.	d, and agree that is spiri			
Name:	Church:	:		
Address	City	State Zip		
Phone () Email a	ddress:			
Signature:		Date:		
Check made payable in full to: Mail this completed form and fee to:	Greater Uvalde Chrysa	alis Community		
ivian uns completed form and fee to.	301 N HIGH UVALDE, TX. 78801			

Chrysalis Butterfly Application Instructions

In accordance with the policies established by the Board of Directors, I ask that you take special note of the following questions on this Pilgrim Application. The Board has directed the Registrar to return any applications in which these questions are not fully answered and to request additional information before accepting the application.

INFORMATION REGARDING YOUR CHURCH MEMBERSHIP

Because Chrysalis is not intended to make disciples, but rather strengthen those who are already disciples, persons accepted for a Chrysalis Flight are expected to be ACTIVE members of a CHRISTIAN congregation. **ALL EXCEPTIONS TO THIS POLICY** must be approved in advance by the Community Spiritual Director(s), please make note of this before you send the application in. Otherwise the form may be returned. Please indicate on the form the NAME and DENOMINATION of the congregation of which you are an active member.

Persons who are members of one congregation but are actively attending another congregation should confront the issue where GOD is calling them to service and make a commitment to a worshipping community before applying for a Chrysalis Flight, so that they are ready to participate FULLY in that community upon their return from the Chrysalis Flight.

HAS THE CHRYSALIS FLIGHT BEEN EXPLAINED TO YOU? -make sure you are fully aware of what the Chrysalis Flight is all about, if you have a question, please ask your sponsor for more information. Your sponsor should not sign this form until he/she has explained Chrysalis and its follow up to you.

INFORMATION ON SPECIAL NEEDS

It is especially important to know if you have any special needs or challenges. It is rare that any such need cannot be met, but so that you can participate fully in the Chrysalis Flight, we would like to know as far ahead as possible, in order that we can make your Flight a fulfilling experience for you. NONE OF THIS INFORMATION WILL BE RELEASED EXCEPT TO THOSE RESPONSIBLE FOR MEETING YOUR NEEDS.

SIGNATURES REQUIRED ON THE FORM

There are four signatures that are REQUIRED for reservation. All of them need to be present or the form will be returned to you for completion, delaying your reservation. IT IS THE RESPONSIBILITY OF THE SPONSOR TO SEE THAT THESE SIGNATURES ARE ALL PRESENT!

- 1. YOUR SIGNATURE -This is your free commitment to accept God's invitation to attend the Flight. There-fore, the form must be signed by you personally, not your sponsor, spouse, friend, or parent (they cannot make such a free commitment for you). You are also agreeing to abide by the Code of Conduct of the Flight.
- 2. YOUR PASTOR'S SIGNATURE -This signature is the commitment of the clergy member of the congregation that you serve to work with you in developing your service to God after the Flight. The clergy member does not have to have been on a Flight him/herself, however, the Flight is not intended to bypass or usurp the authority of the pastor of your congregation in any way. IF your pastor is opposed to your attending a Flight, it will be difficult for you to serve effectively after your Flight, and you may feel frustrated and discouraged. Your SPONSOR or the Spiritual Director of the Community may contact the Clergy member if he/she is hesitant or uncertain. OBVIOUSLY IT IS MEANINGLESS TO HAVE ANY MINISTER OTHER THAN YOUR OWN SIGN THIS FORM, SINCE THAT WOULD COMPLETELY DEFEAT THE PURPOSE OF THE PASTOR'S SIGNATURE.
- 3. YOUR PARENT'S SIGNATURE: -Giving permission for your participation in a Chrysalis Flight.
- 4. YOUR SPONSOR SIGNATURE -This is your sponsor's commitment to both you and to the Chrysalis Community, that he/she is willing to help you prepare for your Flight, care for your family while you are away, and help you become more active in service after the Flight. This signature emphasizes the great importance the Chrysalis Flight places on your sponsor.