

Heart of Carolina Chrysalis – Flight Application

Boy's Date: _____ Girl's Date: _____

Please print neatly – this contact information (including e-mail) will be used to contact you and your sponsor. Thanks!

Full Name: _____

Birth Date: _____

Name you wish to be called: _____

Gender: _____ Current Grade: _____

Address: _____

School: _____

City: _____

Church: _____

State: _____ Zip: _____

E-Mail: _____

Home Phone: _____

Cell Phone: _____

Are you on a special diet? _____

If yes, explain:

Church, School, Community Activities:

Has Chrysalis been explained to you? _____

The Follow-up? _____

State briefly why you wish to participate in Chrysalis and what you expect from it:

Please include a pre-registration deposit of \$50 with this registration. This will be applied toward your contribution of \$150 which partially offsets the expenses of the Chrysalis Flight. This deposit is not refundable. If the flight is full, then we will carry your name over to the next flight or your deposit will be refunded.

Registration Deadline: 40 days prior to Flight Date
Make checks payable to: **Heart of Carolina Chrysalis**

Youth's signature: _____ Date: _____

Parent/Guardian Name:

Address:

City: _____ State: _____

Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

E-mail: _____

_____ has my/our permission to attend Chrysalis. In the event of an emergency, and if I/we cannot be reached by phone, the Chrysalis staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's wellbeing.

Signature: _____

Date: _____

Phone: _____

Please list any medical allergies, medications being taken, medical problems or other pertinent information:

Medical Insurance Company:

Medical Insurance Policy

Number: _____

Name: _____

Church: _____

Address:

City: _____ State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-Mail: _____

Where did you attend Chrysalis/Emmaus/Cursillo?

When did you attend your original Chrysalis/Emmaus/Cursillo?

Are you in a reunion group? _____

Have you been a sponsor before? _____

Why do you think this youth would benefit from Chrysalis?

Preparation

Are you willing to pray and sacrifice for your candidate? _____

Service

Will you be responsible for getting your candidate to Chrysalis? _____

Will you be responsible for getting your candidate home? _____

Support

Are you aware of the importance of minimal contact with your candidate during the Chrysalis Flight? _____

Fellowship

Have you explained the Hoots, Gatherings, and Reunion Groups?

Will you accompany your candidate to the Hoots and/or Gatherings?

Do you understand the responsibility of assisting your candidate in finding a Reunion Group? -----

Does your candidate have a physical or mental health concern that should be brought to the attention of the Directors?

Does your candidate have a fear of clowns?

Please make any additional comments you believe that may be helpful:

Please return to: Anna Shook
HOCC Registrar's
118 E. Virginia Avenue
Nashville, NC 27856
Phone: (252) 904-0355
2register4chrysalis@gmail.com