

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!

To be completed by Youth

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 \$165 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: _____

To be completed by Parent/Guardian

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 well being.

Signature: _____ Date: _____ Phone: _____

To be completed by Parent/Guardian – *Medical/Insurance Information*

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

Medical Insurance Company: _____

Medical Insurance Policy Number: _____

To be completed by Sponsor

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? _____

Date and place of sponsorship training? (with in 3 years) _____

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? _____

Are you aware that your presence is required at Apostolic Hour? _____

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: Mark and Laura Gustafson
HOCC Registrar's
10301 Crisp Drive
Raleigh, NC 27614
Home: (919) 676-6431**

mellgus@bellsouth.net
