

Boys
 Girls

Chrysalis R.O.C.S. Application

New Lexington First United Methodist Church

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ - _____ - _____ Alternate Phone _____ - _____ - _____

E-Mail _____

Name Preferred _____ Parents Name(s) _____

Date of Birth ____/____/____ Age ____ Year of Graduation ____

Current Year in School: ____10th ____11th ____12th College ____1 ____2 ____3 ____4

School You Attend _____

School Activities _____

Name & Denomination of your Church _____

Church Address _____

City _____ State _____ ZIP _____

Pastor's Name _____

T-Shirt Size _____

Has Chrysalis been explained to you by your sponsor? YES or NO
 The Follow-Up? YES or NO

Why do you want to attend Chrysalis and what are you expecting? _____

Sponsor's Name _____ Participant's Signature _____

Date ____/____/____

TO BE COMPLETED BY PARENTS OR GUARDIAN

_____ has my permission to attend the Chrysalis weekend. In the event of an emergency, if I/we can't be reach by phone; the Chrysalis staff has permission to secure the services of licensed professionals to provide the care necessary, including anesthesia.

 Signature of parent or guardian Date Phone _____ - _____ - _____

If above cannot be reached, please contact: _____ Relationship _____
 Phone _____ - _____ - _____

Any known medical problems? Please attach medical direction we need to know – for example: Medications, allergies, medical conditions, special diets, anything else of concern

Please
Note
Chrysalis
Participants
Must be at
Least 15 years
Of age
OR
A sophomore
In High
School.

Liability Release: By signing this form, I understand that I release the Chrysalis R.O.C.S. community, New Lexington First United Methodist Church, The Upper Room and any other party directly or indirectly involved with any Chrysalis Flight from any liability, claims or demands for personal injury, as well as personal property damage or any expenses as a result of participation in the Chrysalis Flight.

A \$20.00 pre-registration deposit is to be applied toward your contribution of \$60.00, which offsets the expenses of your weekend. The deposit is **Non-Refundable**. Please make your check payable to **CHRYsalis R.O.C.S.** You will be notified of your acceptance. The balance is due the morning you arrive at church. Upon completion of this application please give your money and completed application to your sponsor so they can send it in.

TO BE COMPLETED BY THE SPONSOR!

ATTENTION SPONSOR - COMPLETE THIS SECTION OF THE FORM AND SEND TO:

Chrysalis Registrar

Sarah Cox
505 N Pleasant St
New Lexington, OH 43764

740-605-4024

Sponsor's Name _____ Have you been a sponsor before? YES or NO

Sponsor's Address _____

City _____ State _____ ZIP _____

Easiest phone number to reach you? _____ - _____ - _____ E-Mail _____

Name and Denomination of your church _____

Where did you attend Chrysalis/Emmaus? _____ Walk/Flight# _____

Are you in a share group? YES or NO

Are you willing to pray for the applicant? YES or NO

How long have you known the applicant? _____

Why do you think the applicant would benefit from this weekend? _____

Will you bring the applicant to Chrysalis? YES or NO

Will you make sure the applicant can get home? YES or NO

Will you attend the sponsor's hour? YES or NO

Will you attend the candlelight service? YES or NO

Will you attend the closing service? YES or NO

Have you explained Hoots, gatherings, share groups? YES or NO

Will you accompany applicant to the above functions? YES or NO

Will you contact applicant's family and explain the weekend & invite them to closing? YES or NO

Will you help the applicant find a share group? YES or NO

Any comments? _____

Please be aware that there is minimal contact with the applicant during the weekend. If an emergency arises you may contact Chrysalis Staff at New Lex First UMC at 740-342-1063.