

Dallas Chrysalis Community Flight/Journey Application

To ensure prompt and correct registration, please complete the entire form, including required signatures and medical authorization, and send to Dallas Chrysalis Community Attn: Registrar P.O. Box 473071, Garland, TX. 75047-3071 no later than 3 weeks prior to the desired flight.

All candidates must have completed the 9th grade by the time of the event and be between the ages of 15 and 24. Sponsors will receive a confirmation letter/email and must confirm attendance of the candidate with the registrar. All Chrysalis flights have 12-36 attendees and are accepted in order of postmark. Additional candidates will be placed on a waiting list and their sponsors will be contacted by the registrar.

Upcoming Chrysalis Flights - Please check preferred flight.

- ___ Girl's #89, June 18-20, 2010 (Fri-Sun) @ First United Methodist Church of Mabank
- ___ Boy's #90, July 22-24, 2010 (Thurs-Sat) @ Creekwood United Methodist Church, Allen
- ___ Boy's #91, January 15-17, 2011 (Sat-Mon) Location TBA
- ___ Girl's #92, June 16-18, 2011 (Thurs-Sat) Location TBA
- ___ Boy's #93, July 21-23, 2011 (Thurs-Sat) Location TBA
- ___ Boy's #94, November 25-27, 2011 (Fri-Sun) Location TBA
- ___ Girl's #95, January 14-16, 2012 (Sat-Mon) Location TBA

Candidate Information Please print all responses.	Sponsor Information Please print all responses.
Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____
School _____	Walk/Flight _____
Graduation Year _____ Birthday _____	Relation To Candidate _____
Gender M F T-Shirt Size _____	
Preferred Name on Nametag _____	
Church _____	

Sponsors: Your signature below indicates your commitment to the high calling of servant hood. As sponsor of the candidate listed above, you should have:

- Informed your candidate that there should be no outside contact during the weekend, except in emergencies.
- Committed to personally bringing your candidate to the site for send-off.
- Begun praying for your candidate.
- Committed to getting your candidate into a reunion group.
- Explained the follow-up meeting.

Sponsor Signature _____ Date _____

Candidates: We must have the following for a complete application:

- Your signature.
- Your sponsor's signature.
- Completed medical authorization (with parent/guardian and notary signature if under 18).
- \$75 application fee. Please make checks payable to Dallas Chrysalis Community. (Candidate scholarships are available for up to 50% of fee)

Candidate Signature _____ Date _____

Dallas Chrysalis Community Flight/Journey Application

MEDICAL AUTHORIZATION (required of all participants regardless of age)

Participant's Name _____
Doctor's Name _____ Phone _____
Insurance Provider _____ Policy # _____
Date of last tetanus shot _____ Are there any medications to be taken on the weekend? _____
(If yes, please provide original container, labeled with instructions)
List any medicines _____
List any allergies _____
Describe any dietary requirements/preferences (low salt, vegetarian, etc.):

Describe any health/physical accommodations that might be needed:

FOR PARTICIPANTS 18 AND OLDER Emergency Contact:

I hereby authorize the administration of any necessary medical treatment and will be responsible for the cost of such treatments.

Signature of adult participant (18 or older) _____ Date _____

FOR PARTICIPANTS UNDER 18 I am the parent/guardian of _____

I give my permission for the above named person to attend the Chrysalis weekend for which he/she is accepted.

During this time, I may be reached at _____.

In case I cannot be reached, please contact _____.

I understand that my child will be in the care of Chrysalis adult staff members. In case of emergency, if I cannot be readily contacted, I hereby authorize the staff of any medical treatment and will be responsible for the cost of such treatments.

Signature of parent/guardian _____ Date _____

NOTARY REQUIRED IF CANDIDATE IS UNDER 18

Subscribed and sworn to before me, a Notary Public in _____ County, TX
this _____ day of _____, 20____.

Signature of Notary Public _____

My commission expires _____

Sign and mail both forms, along with your check to: Dallas Chrysalis Community • ATTN: REGISTRAR • PO Box 473071 – Garland, TX 75047-3071 • 214-319-8789 • email: rneuroth@earthlink.net For more information, visit the following websites – thebutterflyer.org, dallasemmaus.org, or upperroom.org/chrysalis