



**Applicant Form  
To be completed by CANDIDATE**

This application is to attend:

- Chrysalis Flight** (open to ages 15 – 18 and in at least the 9<sup>th</sup> grade)       **Chrysalis Journey** (open to ages 18 – 24 and no longer in High School)

All of the following information is necessary for your proper placement in a Chrysalis Flight/Journey. Please fill in all the blanks, using "None or N/A" where needed. (Please print or type).

Name: \_\_\_\_\_ Name to be printed on Nametag: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Email Address: \_\_\_\_\_ T-Shirt Size S M L XL XXL XXXL  
Name of church now attending: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_  
School you attend: \_\_\_\_\_ **H.S.** - Fr So Jr Sr **College** - Fr So Jr Sr None  
(Circle One of the Above)

In what religious, community or school activities are you active? \_\_\_\_\_  
\_\_\_\_\_

Has Chrysalis been explained to you? \_\_\_\_\_ Has the follow-up program/reunion groups been explained to you? \_\_\_\_\_  
State briefly why you wish to participate in Chrysalis and what you expect from it: \_\_\_\_\_  
\_\_\_\_\_

Candidate's Signature _____ Date: _____
Pastor's Signature ( <b>required</b> ): _____
Briefly state why you think this would be a good candidate for a Chrysalis weekend: _____ _____
Youth Director's Signature ( <b>required</b> ): _____
Briefly state why you think this would be a good candidate for a Chrysalis weekend: _____ _____
Sponsor (Please Print): _____
Co-Sponsor (Please Print): _____
*Please return this form to a sponsor. You must be sponsored by someone who has been to Chrysalis or Emmaus. You must have at least one adult sponsor. If you do not have sponsors, we will try to find them for you. Please enclose a pre-registration deposit of \$15.00. This fee is not refundable. The balance of \$50.00 will be payable on your weekend. Please make your check payable to "FLORIDA CROWN CHRYSALIS." You will be notified of your acceptance, the dates and location of your weekend. Please notify us immediately if you cannot attend so that someone else may be contacted.

Return completed candidate and sponsor form to Registrar with \$15.00 deposit.  
**Judy Cromartie • 13850 Spanish Point Dr. • Jacksonville, FL 32225**



**To be completed by SPONSOR**  
*(Must have at least one adult sponsor)*

Candidate: \_\_\_\_\_

**Sponsor :** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell/Pager) \_\_\_\_\_

Email: \_\_\_\_\_ Name of church now attending: \_\_\_\_\_

Denomination: \_\_\_\_\_ Do you attend regularly? \_\_\_\_\_

Where did you make your Chrysalis/Emmaus/Cursillo? \_\_\_\_\_

When? \_\_\_\_\_ Chrysalis/Emmaus/Cursillo # \_\_\_\_\_

Are you now in a reunion group? \_\_\_\_\_ Why do you feel that this person would be a good candidate? \_\_\_\_\_

**Co-Sponsor :** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell/Pager) \_\_\_\_\_

Email: \_\_\_\_\_ Name of church now attending: \_\_\_\_\_

Denomination: \_\_\_\_\_ Do you attend regularly? \_\_\_\_\_

Where did you make your Chrysalis/Emmaus/Cursillo? \_\_\_\_\_

When? \_\_\_\_\_ Chrysalis/Emmaus/Cursillo # \_\_\_\_\_

Are you now in a reunion group? \_\_\_\_\_ Why do you feel that this person would be a good candidate? \_\_\_\_\_

Does the candidate have special diet, medical or physical needs? (If yes, please explain.) \_\_\_\_\_

Are you willing to assist getting the candidate into a reunion group? \_\_\_\_\_ Will you bring your candidate to their weekend? \_\_\_\_\_ Will you attend: Sponsor's hour \_\_\_\_\_ Candlelight \_\_\_\_\_ Closing \_\_\_\_\_

Have you explained the post weekend meeting? \_\_\_\_\_ Will you obtain the necessary "agape" correspondence for your candidate? \_\_\_\_\_ Are you praying and sacrificing for your candidate? \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_

Co-Sponsor Signature: \_\_\_\_\_

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**CHRYSALIS WEEKEND  
EMERGENCY PERMISSION**

In the event of an emergency, illness or accident, parents or guardians will be contacted at the earliest possible moment. However, as contacts cannot always be made immediately, we need permission for medical care, signed and notarized. **EVERYTHING ON THIS FORM MUST BE COMPLETED.**

**To be completed by Parent or Guardian:**

In the event that \_\_\_\_\_ suffers any illness or accident requiring hospitalization, medication, or surgery while participating in the Chrysalis weekend, I hereby give my permission for treatment to the person in charge of the weekend in consultation with local medical personnel, understanding that I will be contacted at the earliest possible moment.

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell/Pager) \_\_\_\_\_

If you cannot be reached, call: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell/Pager) \_\_\_\_\_

**Please list any medical allergies, medication being taken, special diets, medical problems or other pertinent information:** \_\_\_\_\_  
\_\_\_\_\_

My child has permission to take "over the counter" medication for headaches, coughs, sore throat, stomach aches.

Yes \_\_\_\_\_ No \_\_\_\_\_ Any exclusions: \_\_\_\_\_ (Please initial \_\_\_\_\_)

During the Chrysalis weekend, a photograph will be taken of the team and candidates together. Traditionally we post this picture on our community website. Please indicate your approval/denial in the space below.

Yes \_\_\_\_\_ No \_\_\_\_\_ (Please initial \_\_\_\_\_)

**INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Policy #/Group#: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTARIZATION**

**To be completed by Notary Public, State of Florida:**

I, the undersigned authority, hereby certify that the foregoing is a true and correct copy of the instrument presented to me by \_\_\_\_\_ as the original of such instrument.

Witnessed by hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Notary Public, State of Florida**

\_\_\_\_\_  
**My Commission expires:**

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