



APPLICANT FORM

To be completed by CANDIDATE

Legal name of Candidate: First _____ Last _____

I wish to attend one of the following:

A Chrysalis Flight, open to ages 13 through High School.

Currently enrolled in: 7th 8th 9th 10th 11th 12th

A Journey Table, open to those who have finished High School through College age, maximum age 24.

If enrolled: Freshman Sophomore Junior Senior

School currently attending (if applicable): Name: _____ City: _____

Please *neatly* **PRINT** and complete all items which apply to you. *If not applicable, please write N/A*

Preferred Name for name tag: _____ Gender: Male Female

Candidate's Home Address: Street: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Candidate's Cell Phone: (____) _____ - _____ Text? Yes No

Candidate's Home Phone: (____) _____ - _____

Candidate's Email Address: _____ Okay to publish? Yes No

Candidate's Age: ____ Birth Date: ____/____/____ T-Shirt Size: S M L XL XXL XXXL

Name of Church now Attending: _____

Pastor's Name: _____ **OR** Youth Pastor's Name: _____

Pastor: I would like to recommend _____ to attend the Chrysalis/Journey weekend.

Pastor's or Youth Pastor's Signature (required): _____

CANDIDATE: PLEASE DO NOT BRING CELL PHONES, TABLETS OR OTHER ELECTRONIC DEVICES ON THE WEEKEND.

Candidate's Signature: _____ Date: ____/____/____

Sponsor's Name (*Please print*): _____

Return this form to your sponsor (someone who has been to Chrysalis, Journey or Emmaus). You must have at least one adult as a sponsor or co-sponsor. The sponsor is responsible for forwarding to the Chrysalis Registrar the following:

1. \$40.00 Weekend Deposit (non-refundable) and/or Total Cost of Weekend \$90.00,
2. Applicant's Form,
3. Parent's Emergency Form, and
4. Sponsor's Form

The \$50.00 balance is due on or before your weekend. Checks are payable to **Florida Crown Chrysalis**. Your sponsor will contact you upon acceptance of your application. Please notify your sponsor immediately if you are unable to attend.