

Rise to a New Day...



Northern Lights Chrysalis Community

Chrysalis is a three-day experience for either teenagers in 10th through 12th grade or young adults ages 18-24 that provides an opportunity for spiritual growth and renewal through Christian fellowship. Chrysalis equips and challenges youth to develop their relationship with Christ and inspires participants to live their faith in their home, church, school and community. Chrysalis experiences for teenagers are called flights and Chrysalis experiences for young adults are called journeys. These experiences happen concurrently. Please check the box that corresponds with the experience you are applying for.

Boys' Flight Girls' Flight Boys' Journey Girls' Journey

PLEASE PRINT ANSWERS TO ALL THE FOLLOWING QUESTIONS: Date: _____

Full Name _____ Please put _____ on my nametag.

Address _____ City, State, Zip _____

Phone (____) _____ Parent or Guardian's Name _____

Emergency Phone Number(s) (____) _____ Parent/Guardian E-mail _____

Birth Date _____ Age _____ Male _____ Female _____ T-Shirt Size _____

School (if applicable) _____ Present Grade _____

Church and Denomination Currently Attending _____

What other Christian or School organizations are you active in? _____

Have the Chrysalis Flight/Journey, share groups, and rushes been explained to you? _____

Do you have any **allergies**, dietary, medical (ie. medications that must be taken at a certain time), mobility, or other concerns that may affect attendance at the Chrysalis Flight? No _____ If Yes, Please Explain: _____

____ YES ____ NO Non-prescription medication administration is authorized with these exceptions: _____

State briefly why you wish to be involved in the Chrysalis Flight/Journey and what you expect from it: _____

Applicant's Signature _____ Date _____

All of the above information is necessary for your proper placement in the Chrysalis Weekend. Please fill in all blanks.

The cost of the weekend is \$125.00 per person. We request a non-refundable \$25.00 registration fee that should be given to your sponsor along with your completed application. The remaining amount will be collected at the Registrar's table upon arrival. Please make checks payable to the Northern Lights Chrysalis Community. Limited scholarships are available. This form is an application and its submittal does not guarantee acceptance. You may be placed on a waiting list since we only have a certain number of spaces available. Applicants will be notified of acceptance by mail several weeks before the Chrysalis Flight/Journey.

To be filled out by the Parent/Guardian if participant under 18 years old:

_____ has my permission to attend the Chrysalis weekend. In the event of an emergency and if I/we cannot be reached by phone, Northern Lights Chrysalis has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being.

Parent or Guardian's Signature _____ Date _____

To be filled out by Participant if 18 years or older:

In the event of an emergency, Northern Lights Chrysalis has my permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my well being.

Signature _____ Date _____

SPONSORS: PLEASE READ BEFORE GIVING THE APPLICATION FORM TO A PROSPECTIVE BUTTERFLY

We are counting on you to understand and fulfill the responsibilities of a Sponsor.

The duties include:

1. Awareness and Sensitivity- Sponsor only those you know well enough to assess their spiritual, physical and emotional readiness for the Chrysalis Flight/Journey.
2. Preparation- You are to inform the caterpillar and parents of the nature and schedule of the Chrysalis Flight/Journey, and share groups and Hoots. Remember NO SECRETS, only surprises.
3. Support- You are asked to bring your caterpillar to the Chrysalis Flight/Journey, care for the needs of your candidate's family over the weekend, pray and sacrifice for the caterpillar before and during the weekend, escort the butterfly to their first post-weekend Hoot, and assist the butterfly in finding a share group.

To be filled out by the sponsor:

Your Name _____ E-mail _____

Address _____ City, State, Zip _____

Home Phone (____) _____ Work Phone (____) _____

Church and Denomination Now Attending _____

Where did you attend your Emmaus / Cursillo / Chrysalis? _____

Date and Number _____ Are you attending a Share Group? _____

Are you serving and sacrificing for your Butterfly through: Agape _____ Prayer Vigil _____

Other _____

Are you praying for your Butterfly? _____ Are you attending the community events? _____

Sponsor's Signature _____ Date _____

REGISTRATION DEADLINE IS TWO WEEKS PRIOR TO THE CHRYSALIS WEEKEND

Please mail the completed form and deposit to:
Northern Lights Chrysalis Registrar, 200 East Silver St., Lebanon, OH 45036

Chrysalis.Registrar@NLEmmaus.org

Rise to a New Day...



Northern Lights Chrysalis Community

Applicant Reference Sheet

To be filled out by an ADULT who knows the applicant well: A pastor, teacher, counselor, etc., should fill out this form. This information will be kept in strict confidence and will enable us to place the applicant in a group where they will benefit the most and should not be shared with the applicant.

Applicant Name _____ Date _____

PLEASE CIRCLE THE APPROPRIATE ADJECTIVE(S) AND COMMENT AS NECESSARY.

Exercise of Leadership: Excellent Good Poor None

Comments: _____

Maturity: Very Mature Mature Average Immature

Comments: _____

Areas of Leadership: School Church Athletics Social
Community Drama Music Other

Comments: _____

Relationships with peers: Well liked Talkative Domineering Shy Quiet

Comments: _____

Psychological Adjustment: Excellent Good Average Poor

Comments: _____

Other: _____

Adult Name _____ Phone (____) _____

REGISTRATION DEADLINE IS TWO WEEKS PRIOR TO THE CHRY SALIS WEEKEND

Please mail the completed form and deposit to:

Northern Lights Chrysalis Registrar, 200 East Silver St., Lebanon, OH 45036

Chrysalis.Registrar@NLEmmaus.org