



# Chrysalis of the Midlands Chrysalis Flight Application Form

P. O. Box 25165, Columbia, SC, 29224

Flight: Boys \_\_\_\_\_ Girls \_\_\_\_\_ Dates: \_\_\_\_\_

***This is an application only. ALL information on this application must be completed for its consideration of acceptance. Incomplete applications will be returned. Receipt of this application is not a guarantee of the candidate being able to attend the weekend.***

### Please Print

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ email: \_\_\_\_\_

Name desired on nametag: \_\_\_\_\_

Name of church: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Why do you want to attend Chrysalis? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your sponsor explained the Chrysalis experience to you (including follow-up meeting, reunion groups, and monthly Chrysalis get-togethers)? Yes \_\_\_\_ No \_\_\_\_

### Medical / Allergy / And Special Diet Information

List any drugs, foods, etc. to which you are allergic \_\_\_\_\_

List any medications that you will be taking during the weekend \_\_\_\_\_

List any special diet needs that you have \_\_\_\_\_

#### Directions for Completion of the Application

Complete the application, make a copy for yourself and your sponsor and return to your sponsor. It should be mailed to **Chrysalis of the Midlands, P. O. Box 25165, Columbia, SC, 29224** with a \$35.00 deposit. The total cost of the weekend is \$70.00. If, for any reason, the applicant cannot attend a weekend after sending in the deposit, it will be held until a later weekend can be scheduled and confirmed.



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**Parental Permission**  
(Applicants under 18 MUST have parent's signature)

\_\_\_\_\_ has my permission to attend the Chrysalis weekend. In the event of an emergency and if I cannot be reached by phone, the Chrysalis staff has my permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being. We further do hereby release and discharge Chrysalis, its Board and members from any and all liability from illness, injuries, and damages that may arise out of or resulting from my child's participation in or traveling to or from and at this event.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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**Applicant's Pastor Information**  
(This must be a member of the clergy)

Pastor's name \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_

*I hereby certify that this applicant is currently active in his/her local church.*

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_