



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.



Chrysalis of the Midlands
Chrysalis Flight Application Form
P. O. Box 25165, Columbia, SC, 29224

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 () _____

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 _____