

MUST BE RECEIVED ONE MONTH BEFORE THE FLIGHT
IOWA CHRYSALIS (YOUTH WALK TO EMMAUS)
REQUEST FOR RESERVATION

TO BE COMPLETED BY THE APPLICANT: (Please type or print)

According to International Chrysalis out of Nashville, caterpillars must be 15 years old and/or a sophomore in high school or older.

Please legibly print your contact information.

Name _____ M _____ F _____

Address _____ Telephone (____) _____

City, State, Zip _____

E-Mail Address _____

T-shirt size M L X 2X 3X

NAME DESIRED ON NAMETAG _____

Birth date _____ Grade _____ Age _____

Name & Denomination of Church now Attending _____

School You Attend _____

School/Religious/Community Organizations/Activities _____

Pastor's Name _____

Pastor's Address _____ City, Zip _____

Phone _____ Email Address _____

Has the Chrysalis weekend been explained to you? _____

Has the follow-up program of group reunion and gatherings been explained to you? _____

State briefly why you wish to participate in Chrysalis and what you expect from it.

**Sponsor's Name _____ Address _____

City, State, Zip _____ Telephone (____) _____

Email Address: _____

Who will be coming to the weekend with and when do you plan to arrive?

Iowa Chrysalis Caterpillar Selection Committee has a responsibility to contact the sponsors regarding the applicant. Please enclose a pre-registration deposit of \$10.00. This deposit is not refundable unless we have no openings for you. Make checks payable to Iowa Chrysalis Community. You will be notified of your acceptance soon after it is received by the registrar. The cost of the Chrysalis weekend is \$55.00. Your \$10.00 deposit will be applied to your weekend. Please notify us immediately if you cannot come. I realize that this is a Christ centered weekend. I agree to abide by the rules set by the Chrysalis Board and will not use drugs, alcohol or tobacco, in accordance with Iowa law.

Your signature _____

Today's Date _____

To be completed by the applicant's parents/guardian or by the applicant if 18 or older:

_____ has my/our permission to attend the Chrysalis weekend. In the event of an emergency and if we cannot be reached by telephone, the Chrysalis leadership has my permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for _____'S well being.

Signature of Parent/Guardian/Adult, _____

Telephone (_____) _____

If above cannot be reached, please call _____

Telephone (1.. _____ 1- _____)

The Flight will have a designated medical personnel. Please list any medical allergies, medication being taken, medical problems, special diet or other pertinent information. Please include if you are a snorer. Separate sleeping accommodations will be provided.

****You must be sponsored by someone who has been through Chrysalis or Walk to Emmaus. If you do not have a Sponsor, we will try to get one for you.**

Please return application to:

Faye Harvey
505 Taylor
Ida Grove, Iowa 51445