

**Chrysalis C.A.R.E.S.**

(Serving the Greater Columbus Emmaus, Reynoldsburg Emmaus and New-Ark Emmaus Communities)

**REGISTRATION FORM**

Please complete the information below so we can best meet your needs on your Chrysalis weekend. All information will stay completely confidential. Upon completion, return the form to your sponsor.

Name: \_\_\_\_\_ Name for Nametag: \_\_\_\_\_

Address: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

School you presently attend: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Parents' names: \_\_\_\_\_

Parents' address(es): \_\_\_\_\_

Parents' phone #(s): \_\_\_\_\_ Parents Email: \_\_\_\_\_

Name/denomination of Church you attend: \_\_\_\_\_ Pastor's name: \_\_\_\_\_

Church address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church, school, or community activities you are involved in: \_\_\_\_\_

Has the Chrysalis weekend been explained to you? \_\_\_\_\_ The follow-up activities? \_\_\_\_\_

State briefly why you wish to participate in Chrysalis and what you expect from it: \_\_\_\_\_

Please list any allergies (medical, food, etc.), medications, special diet, medical problems, etc.: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Emergency contacts (if above cannot be reached): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Registration Fee 65.00 which partially offsets the expense of the weekend is due at Check In when you arrive for the weekend. Make check payable to **CHRYSALIS C.A.R.E.S.** The back of this application must be completed by your sponsor before it is submitted. Thank you!*

**FOLLOWING TO BE COMPLETED BY PARENT OR GUARDIAN (Required if candidate is under 18)**

\_\_\_\_\_ has my permission to attend the Chrysalis weekend. In the event of an emergency and I/we cannot be reached by telephone, 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.

I also grant permission to Chrysalis C.A.R.E.S. to use photograph(s) for placement on their Web Site, [www.chrysaliscares.org](http://www.chrysaliscares.org) or other promotional materials. I agree I will not receive any compensation for its use.

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

**UPCOMING WEEKENDS (check preference)**

Girls' / Young Women's

Boys' / Young Men's

\_\_\_ Girls' – Jan. 15-18, 2010

\_\_\_ Boys' – Feb. 13-15, 2010

\_\_\_ Girls' – June 25-27, 2010

\_\_\_ Boys' – July 23-25, 2010

## INFORMATION TO BE COMPLETED BY SPONSOR

Name of Caterpillar: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Sponsor's E-Mail Address \_\_\_\_\_

(Most correspondence will be conducted via e-mail to expedite the process and reduce expenses to Chrysalis)

Church you attend: \_\_\_\_\_

Do you attend regularly? \_\_\_\_\_ Have you served as a sponsor before? \_\_\_\_\_

Where did you attend your Emmaus/Chrysalis/Cursillo? \_\_\_\_\_ Walk/Flight# \_\_\_\_\_

Are you in a Share Group? \_\_\_\_\_ Would you like to receive the Chrysalis email updates? \_\_\_\_\_

How long have you known your candidate? \_\_\_\_\_

Why do you think this person would benefit from the Chrysalis weekend? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your candidate have any physical or mental health concerns that the Spiritual Director or the Lay Director should be aware of?

\_\_\_\_\_

\_\_\_\_\_

The following are some of your responsibilities as this Caterpillar's sponsor. Please read each one and indicate that you understand it (initial, check, etc.).

- To pray and sacrifice for the Caterpillar. \_\_\_\_\_
- To provide, or personally arrange for, transportation for the Caterpillar to and from the weekend. \_\_\_\_\_
- To attend Sponsor's Hour (or to inform the Spiritual Director that you cannot). \_\_\_\_\_
- To attend weekend events on behalf of your Caterpillar. \_\_\_\_\_
- To explain Hoots, Gatherings, and Share Groups. \_\_\_\_\_
- To accompany the Butterfly to the first Gathering after the Flight. \_\_\_\_\_
- To help the Butterfly find a Share Group (Community Reps will also help with this). \_\_\_\_\_
- Maintain minimal contact with your Caterpillar during the weekend. \_\_\_\_\_

Please make any additional comments you believe may be helpful. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You will receive further information concerning your responsibilities and a reference form to complete when this form has been received. Sponsoring a person to Chrysalis is a wonderful act of love!

### Please send completed form to:

#### Boy's Community Registrar:

Steve Smith  
4669 Allison Road  
Mechanicsburg, Ohio 43044  
(937) 207-8750  
Chrysalisapplications@gmail.com

#### Girl's Community Registrar:

Valerie Smith  
4669 Allison Road  
Mechanicsburg, Ohio 43044  
(937) 207-8751  
Chrysalisapplications@gmail.com

or Fax to Chrysalis C.A.R.E.S. --- 614-633-1035

**PLEASE FEEL FREE TO MAKE AND DISTRIBUTE COPIES OF THIS FORM!**