

**Northern California/Nevada Chrysalis Community
Request for Candidate Reservation**

TO BE COMPLETED BY CANDIDATE: (PLEASE TYPE OR PRINT LEGIBLY)

Date of Weekend You Wish To Attend: _____

Name: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone :() _____ Sex: _____ M/F Baptized: _____

E-Mail Address: _____

Name Wished On Name Tag: _____

School: _____ Grade: _____

Name And Addresses Of Two Close Friends: _____

Name And Denomination Of The Church You Now Attend: _____

_____ Pastor's Name: _____

Name and denomination of other churches you and/or your family have been attending: _____

Church And Community Activities: _____

What is your understanding of chrysalis? _____

What questions in your faith are you searching for answers? _____

How has your faith grown in the last two years? _____

Applicant's Signature: _____ Date: _____

TO BE FILLED OUT BY SPONSOR(S): (Use Additional Paper If Needed)

Candidate's Name: _____

Sponsor's Name: _____ Sponsor's Phone: () _____

Sponsor's Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Church: _____ Your Flight Or Walk #: _____

Why do you believe this candidate will benefit from the Chrysalis weekend? _____

Is There Any Family Situation/Crisis That the Team Needs To Be Aware OF TO SUPPORT the Candidate: _____ (Yes/No)

Can we have the clergy contact you to discuss this prior to the weekend? _____ (Yes/No)

Are You Over 18 Years of Age: _____

Sponsor's Signature: _____ Date _____

TO BE FILLED OUT BY CLERGY

How long have you known the applicant? _____

Is There Any Family Situation/Crisis That the Team Needs To Be Aware OF TO SUPPORT the Candidate: _____ (Yes/No)

If the situation is of a sensitive nature can we have a clergy from the weekend contact you to discuss this prior to the weekend? _____

Are you familiar with the Chrysalis (or Walk to Emmaus) movement? _____

If not, would you like more information? _____

What is the applicant's current level of involvement at church and youth program(s)? _____

I Support the Attendance of This Applicant at the Chrysalis Weekend: _____

Clergy Signature: _____ Date: _____

Church/Denomination: _____

Please return application and a \$75.00 registration fee to:

Ellen Thomas
5168 Valley Hi Drive
Sun Valley, NV 89433
(775) 673-1443
btluvset@nvcbell.net

Please make checks payable to: Emmaus and designate Chrysalis. Please notify the registrar IMMEDIATELY if your candidate cannot attend since there may be a waiting list. Please send in your application early as a flight could be canceled due to poor attendance.

TO BE COMPLETED BY PARENT OR GUARDIAN:

_____ has my/our permission to attend the Chrysalis weekend. In the event of emergency my authorization for emergency treatment is provided below.

I (we) the undersigned parent(s) or guardian(s) of a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment rendered under the general or special supervision of any member of the medical staff and emergency staff licensed under the provisions of the medicine practice act or a dentist licensed under the provisions of the dental practice act, or the staff of any acute general hospital holding a current license from the state of California, Department of Public Health, to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

THIS CONSENT SHALL REMAIN IN EFFECT UNTIL (DATE)* _____

* ASSUMED EFFECTIVE FOR ONE YEAR FROM DATE OF SIGNATURE BELOW UNLESS OTHERWISE SPECIFIED)

SIGNATURES OF PARENT(S) OR GUARDIAN(S):

_____ DATE _____

_____ DATE _____

In the event that your child must return home before the weekend is over, or in case of a medical emergency, please provide telephone numbers where you can be reached during the weekend:

Phone: () _____ or () _____

Please list any restrictions, allergies, medications being taken, medical problems, special diet, physical or health limitations or other pertinent information so that appropriate arrangements can be made:

Recent stresses in child's life that would affect his/her participation: _____

INSURANCE INFORMATION:

Insurance Provider: _____ Policy #: _____

Subscriber's Name: _____