

**NORTH CENTRAL WEST VIRGINIA CHRYSALIS
CATERPILLAR APPLICATION**

CATERPILLAR INFORMATION				
Name Mr. Ms.		Name to appear on your name tag		Birth date / /
Address				
City		State	ZIP	
Home Phone	Cell Phone	E-mail		
School You Attend		Grade	Age	T-Shirt Size
Type of Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Diabetic <input type="checkbox"/> Vegetarian <input type="checkbox"/> Low salt <input type="checkbox"/> Other - please specify:		Are you taking any special medication? Type:		
Do you have any physical limitations that may affect your participation in the weekend's activities? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, please explain:				
Church you currently attend				
Pastor				
Pastor's Address		City	State	ZIP
In what other Christian organizations (in or out of church) are you now active (ex: Sunday School, Youth Group, etc.)?				
Has the Chrysalis Flight been explained to you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the follow-up program of hoots, gatherings, and reunion groups been explained to you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Why do you wish to attend the Chrysalis flight? What do you expect to receive from it?				
Signature _____ Date _____				
Parent/Guardian Information: <i>"I hereby agree to my minor's attendance of this Chrysalis Flight. I am granting permission to administer basic health care in the unlikely event of a medical emergency."</i>				
Parent/Guardian Signature _____ Date _____				
Emergency Contact Phone Number		Health Insurance Company/Phone and Policy Numbers		

Please return this completed application to your Sponsor for completion of the next page.

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SPONSOR INFORMATION

NOTE: You must have attended a Sponsors Workshop to be eligible to sponsor a caterpillar. If you have not done so, please contact the Community Lay Director for arrangements.

Caterpillar Name	For Weekend (Date)
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Sponsor Name

Address	City	State	ZIP
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Church you attend	Denomination
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Date of your Weekend	Type (Emmaus/Chrysalis)
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When did you attend your sponsor's workshop?	Where was your sponsor's workshop?
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Are you now in a Reunion Group?	Name of Reunion Group
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I am willing and able to help my caterpillar join a reunion group after his/her flight.	Initial
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I am willing to provide transportation for my caterpillar to and from the flight.	Initial
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I am willing to participate in the events for sponsors: Send Off, Sponsor's Hour, Candlelight & Closing.	Initial
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I have discussed the Chrysalis Flight with the caterpillar's parents.	Initial
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I have discussed the Chrysalis Flight with the caterpillar's pastor.	Initial
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How long have you known the caterpillar?

Why do you believe this caterpillar is ready for the Chrysalis Flight experience?

Please speak with the caterpillar's pastor to explain the Chrysalis Flight and have them sign as follows:

PASTOR'S ACKNOWLEDGEMENT:
 "The Chrysalis Flight been explained to me I and concur with the caterpillar's readiness to attend."
 Signature of Caterpillar's Pastor _____ Date _____

A deposit of \$25 must accompany this application. The \$75 balance is due by the beginning of the Flight. If you prefer, total payment may be remitted at the time of the application. In the event it is not possible to assign your pilgrim to a weekend, payment will be returned. Please make checks payable to **NCWV Chrysalis**.

Signature of Sponsor _____ Date _____