

Arkansas Chrysalis
Application to attend a Flight #23
Lakewood UMC
TO BE COMPLETED BY THE CANDIDATE
Boy's and Girl's
July 26-29, 2012

CHRYSALIS IS OPENED TO YOUNG ADULTS - AGES 15 THRU 18 OR GRADUATING SENIORS

Personal Information (Please Print)
 Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____ Phone: _____
 Birth Date: _____ Age: _____ Sex: ___M___F
 Last Grade Completed: _____ Year: _____
 Name of School: _____
 Name wished on name tag: _____
 Do you require special meals? _____
 If yes, explain: _____
 Please describe any health or physical complications we should know about:

 Special medications? _____ If yes, please list dosage and when taken: _____

Getting To Know You (Please Print)
 Church Attending: _____
 Pastor's Name: _____
 Youth Leader: _____
 Church Phone: _____
 In what religious/youth activities or community organizations are you active:

 Do you see yourself as: (Check One)
 _____ "Shy/Quiet"
 _____ "Moderately Talkative"
 _____ "Always have something to say"
 Are you currently employed? If yes, what do you do? _____

 Briefly state why you wish to be involved in a Chrysalis Weekend: _____

Email address: _____

Please complete ALL the information above so we may make arrangements for your Chrysalis Weekend. We request this information only as an attempt to get to know you better. This information is not intended to prevent your involvement in Chrysalis. Keep in mind that the purpose of Chrysalis is to strengthen your faith and the local church. **PLEASE NOTE: ALL CANDIDATES AND YOUTH TEAM MEMBERS WILL NOT BE ALLOWED TO SMOKE OR USE TOBACCO PRODUCTS, ILLEGAL DRUGS, OR ALCOHOL DURING ANY CHRYSALIS FUNCTION.**

Sponsor's Name: _____ ATTENTION: Sponsor - Please complete sponsor's form on the back of this application. **Please enclose \$75** per person with this request. This is the full cost of the weekend. Make checks payable to "ARKANSAS CHRYSALIS COMMUNITY". You and the candidate will receive confirmation of acceptance by mail as well as a list of necessary items to bring. The medical release form on back must be filled out completely and notarized for your candidate to be accepted.

****RESERVATIONS CANNOT BE ACCEPTED WITHOUT THIS FORM BEING NOTARIZED****

MAIL APPLICATION AND CHECK TO: Noahs of Ark Emmaus Community
Attn: Chrysalis Application
QUESTIONS? 501-623-8071
noahsofark@hsnp.com
589 Meeks Loop
Hot Springs, AR 71913

TO BE COMPLETED BY THE SPONSOR (PLEASE PRINT)

Sponsor's Name: _____ Phone () _____

Address: _____ City: _____ State: _____ Zip: _____

Chrysalis Flight or Emmaus Walk Attended: _____ Date Attended: _____

MEDICAL AUTHORIZATION

I am the parent/guardian of _____ who has my permission to attend the Chrysalis weekend beginning on _____ and ending on _____. During this time I may be reached at

_____ (address and phone numbers)

Please list any allergies your son/daughter may have _____.
Date of last tetanus injection _____. Is he/she taking any special medication? _____ If so, please send medicine in original prescription container, labeled with instructions and contents. Doctor's name and phone number _____.

I understand that my son/daughter will be in the care of Chrysalis adult staff members. In case of emergency and I cannot be readily contacted, I hereby authorize any medical treatment that may be necessary to be administered to my child. I shall be responsible for the cost of such treatment.

Parent/Guardian Signature _____ Date: _____

Subscribed and sworn before me, a notary public in _____ County, in the state of _____. This the _____ day of _____, 20_____.

Signature of Notary Public _____

My commission expires on _____.