

Sponsor:

After you have printed the application, have your candidate fill out the Applicant Section completely (including age and birth date). Then, fill out the Sponsor Section completely and have the parent(s) of the candidate fill out the Parental Consent Section. You, as the Sponsor, should review the application in its entirety. Make sure that all the information is filled out accurately and completely and required signatures have been obtained (any application that is not completed fully will be returned to the Sponsor). Submit the application in its entirety, with the required registration fee to the registrar.

- Your applicant may be placed on a waiting list since there are a limited number of spaces available for each weekend.
- The Weekend fee is currently \$75.00 per candidate. The balance is due, in full, once the candidate has arrived at the Weekend.
- The registration deposit for each applicant is \$25.00. **We cannot accept an application without this deposit.** Please make checks out to Big Bend Chrysalis.

Please send the application and \$25.00 registration fee to:

Registrar, Big Bend Chrysalis
LaVonne Rockenstein
4014 Delvin Dr.
Tallahassee, FL 32309
Phone: 850-668-0477
Email: lrockenstein@comcast.net



Big Bend Chrysalis Candidate Sheet

Please fill out the entire form and return to Registrar:
 LaVonne Rockenstein
 4014 Delvin Dr.
 Tallahassee, Florida 32309
 Phone: 850-668-0477
 Email: lrockenstein@comcast.net

Please indicate your choice of weekends and dates in the space provided:

Boys _____ Date _____
 Girls _____ Date _____

Name _____ Name Tag Name _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Birthdate _____ Age _____ Grade _____ T-Shirt Size _____

School you Attend _____ email address _____

Activities or Hobbies _____

Name and Denomination of Home Church _____

Pastor's Name _____ Address _____

Have you been baptized(y/n)? _____ Has Chrysalis been explained to you(y/n)? _____

Has the follow up program of reunions and gatherings been explained to you (y/n)? _____

State briefly why you wish to participate in a Chrysalis Weekend and what you expect from it:

(You must be sponsored by someone who has attended a Chrysalis, Emmaus, or other 3-day weekend.)

Sponsor's Name _____

Address _____ City _____ State _____ Zip _____

Telephone Number (____) _____ Weekend Attended _____

Please enclose a pre-registration deposit of \$25. This will be applied toward your contribution of \$75 for the weekend. This partially offsets the expenses of your weekend. Partial scholarships are available on a limited basis for cases of need. Your deposit is not refundable unless we have no openings. Please make check payable to: Big Bend Chrysalis. You will be notified of your acceptance and the dates and location of your weekend. Please notify the registrar if you cannot come as soon as possible. This may enable someone on the waiting list to attend who would not be able to do so otherwise.

Big Bend



Big Bend Chrysalis
SPONSOR'S SHEET

Sponsors are asked to read the following statement carefully and to give it their prayerful consideration:

Chrysalis is a method of Christian renewal in the church. Individuals recommended for Chrysalis should be those with an active desire to deepen their faith and understanding of God's love and to become closer to Christ in their daily lives and their discipleship.

Sponsor of: _____
(Candidate's Name)

Sponsor's Name _____

e-mail address _____

Address _____ City _____ State _____ Zip _____

Name of Church you attend _____

Where did you make your Walk (Flight) _____ When _____

Are you now in a reunion group(y/n)? _____

Why do you feel your candidate would benefit from Chrysalis?

Will you bring your candidate to his or her weekend(y/n)? _____

Will you attend Sponsor's Hour at send off(y/n)? _____

Will you attend candlelight(y/n)? _____ Closing(y/n)? _____

Will you obtain necessary Agape correspondence for your candidate(y/n)? _____

Will you assist the candidate in getting into a Reunion Group(y/n)? _____

Please include any pertinent information about the candidate that helps the team to meet his/her needs. Comments about the candidate's home situation, personality, leadership ability and especially and problem areas would be of great assistance. Thank you!



Big Bend Chrysalis

Parental Consent Form

Name _____ Age _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Parent's Business Phone (____) _____

Reaction to Drugs? _____ Allergies? _____

Physical Limitations _____

Blood Type (if known) _____ Other medical information which might be necessary for the proper care of this young person:

Any medicine which the youth is presently taking _____

Parent's Name _____ Phone: (____) _____

Address _____ City _____ State _____ Zip _____

Name of Person who could be notified in case of emergency, if you cannot be reached:

Name _____ Phone: (____) _____

Address _____ City _____ State _____ Zip _____

Relationship _____

Alternate name of Person who could be notified in case of emergency, if you cannot be reached:

Name _____ Phone: (____) _____

Address _____ City _____ State _____ Zip _____

Relationship _____

Big Bend Chrysalis

Parental Consent Form

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The undersigned does hereby give permission for our (my) child: _____
to attend and participate in the Big Bend Chrysalis.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on advice of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home to due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Big Bend Chrysalis.

Hospital Insurance () Yes () No

Insurance Company _____ Policy # _____

Please list any allergies or special medical problems or needs your child may have:

Emergency Telephone Numbers (____) _____ (____) _____

Participant Signature _____ Date _____

Father Signature _____ Date _____

Mother Signature _____ Date _____

Legal Guardian Signature _____ Date _____

Sworn to and subscribed before me this _____ day of _____

Notary

* - Notary signature and seal required

