



REQUEST FOR RESERVATION

Name: _____ Name desired on name tag: _____
 Street Address: _____ E-Mail Address: _____
 City: _____ State: _____ Zip: _____ DOB: _____ Gender: M or F
 Phone Number: (____) _____ Cell Phone(____) _____ T-Shirt Size: _____
 Name of High School: _____ Grade: _____
 Church: _____ Denomination: _____
 Pastor's/ Youth Pastor's Name _____
 In what church, school or community organizations are you active in _____

Do you have a job? _____ If yes where do you work? _____
 Job Description: _____
 Has the Chrysalis weekend been explained to you? Yes No
 Has the follow-up program or group reunions and gatherings been explained? Yes No
 State briefly why you wish to participate in a Chrysalis weekend and what you expect from it.

---INFORMATION NEEDED FOR THE WEEKEND--- use back if additional space is needed

Are you on a special diet? _____ If so what _____
 Are you on any medication? _____ If so what? _____
 Do you have any special needs? _____ If so, what are they _____

---PARENTAL PERMISSION---

_____ has my permission to attend the Chrysalis Weekend. In the event of an emergency, and if I/we cannot be reached by phone, the Chrysalis staff has my permission to secure the services of licensed medical professionals to provide the necessary treatment, including anesthesia for my child's well-being.

Signature of parent or guardian: _____ Phone _____
 If I/ we cannot be reached, please call: _____ Phone _____
 Relationship to Child: _____
 Please list any medical allergies, medication or medical problems or mental/physical disabilities the Chrysalis Team needs to know to care for your child. (Use the back if you need more space.)

Insurance Carrier: _____ Policy #: _____

PLEASE INCLUDE A PHOTO-COPY OF YOUR MEDICAL INSURANCE CARD

Sponsor's Name _____
 Pastor's Signature: _____
 Have you attend an Emmaus, Curssilo, Tres Dias Weekend: _____

Applicant's Signature: _____ Date: _____

Please return this form to the Sponsor