

**South Georgia Chrysalis Flight**  
**For Youth in Upper High School – Grades 10 - 12**  
**Caterpillar Application**

All of the information requested below is needed to ensure your proper placement on a Chrysalis weekend. Please fill in all of the information requested on the form and return the form to your sponsor.

You will be notified by letter of your acceptance for a Chrysalis weekend. Should you be unable to attend, please notify your sponsor or the registrar *immediately* so that your place may be filled by someone on the waiting list.

A non-refundable registration deposit of **\$50.00** is required to reserve your place on the waiting list. The deposit will be applied toward the \$125.00 registration fee for the weekend. This fee offsets some of the expenses of your Chrysalis weekend. Make your check payable to South Georgia Chrysalis.

***For Use by Registrar Only***

**Date Received** \_\_\_\_\_ **Deposit** \_\_\_\_\_ **Check #** \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Sex (Circle one): M F

Phone: \_\_\_\_\_ Name preferred for name tag: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Name of church you attend: \_\_\_\_\_ Denomination: \_\_\_\_\_

School you attend: \_\_\_\_\_ Current grade in school: \_\_\_\_\_

Church or community organizations: \_\_\_\_\_

School activities or organizations: \_\_\_\_\_

State briefly why you wish to attend a Chrysalis weekend: \_\_\_\_\_

Your sponsor's name: \_\_\_\_\_ Your pastor's name: \_\_\_\_\_

Special diet? \_\_\_\_\_ Allergies? \_\_\_\_\_

Any medical problems that require special attention? \_\_\_\_\_

Special medications? \_\_\_\_\_

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Recommending Pastor:** \_\_\_\_\_ **Church** \_\_\_\_\_

***SPONSOR, PARENT / GUARDIAN AND RECOMMENDING PASTOR MUST COMPLETE ALL INFORMATION AND SIGN THIS FORM.***

**South Georgia Chrysalis**  
***Sponsor, Parent / Guardian and Pastor Approval***

All of the information requested below is needed to ensure your applicant's proper placement on a Chrysalis weekend. Please fill in all of the information requested on the form and return it with a **\$50.00** deposit to:

**South Georgia Chrysalis**  
**P. O. Box 4751**  
**Valdosta, GA 31604**  
**www.southgeorgiachrysalis.com**

You will be notified by letter of your applicant's acceptance for a Chrysalis weekend. Caterpillar applications cannot be accepted without Sponsor information and parent/guardian approval.

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**To Be Filled Out By SPONSOR**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work /CellPhone: \_\_\_\_\_

Name of church you attend: \_\_\_\_\_

Which Walk to Emmaus Chrysalis Cursillo Tres Dias did you attend? \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

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**To Be Filled Out By PARENT / GUARDIAN**

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

If the above cannot be reached, call: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the Chrysalis weekend at Camp Tygart. In the event of an emergency, and if I cannot be reached by phone, the Chrysalis staff has permission to secure the services of licensed medical professionals to provide any care necessary - including anesthesia - for my child's well being. Additionally, I have reviewed the information on the front of this application, and find it to be accurate.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_