South Georgia Chrysalis Flight For Youth in Upper High School – Grades 10 - 12 <u>Caterpillar Application</u>

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 <u>non-refundable</u> 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 <u>South Georgia Chrysalis</u>.

	For Use by Registrat	r Only	
Date Received	Deposit	Check #	
Name:	Age	e:Birth Date:	
Street Address:			
City:	State:	ZIP:Sex (Circle one): M	1 H
		ed for name tag:	
Cell Phone:			
		T-Shirt Size	
Name of church you attend:		Denomination:	
		Current grade in school:	
Church or community organizati			
School activities or organization	s:		
State briefly why you wish to att	end a Chrysalis weekend:		
Your sponsor's name:	Your p	pastor's name:	
		gies?	
Special medications?			
Your Signature:		Date:	

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.

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 Tr	es Dias did you attend?		
Your Signature	Date		
<u>To Be Fille</u> Name:	Relationship to applicant:		
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	cannot be reached by phone, the Chrysalis staff has permission to		
secure the services of licensed medical profe	ssionals to provide any care necessary - including anesthesia - for		
my child's well being. Additionally, I have re to be accurate.	viewed the information on the front of this application, and find it		
Signature of Parent or Guardian	Date		