



# Heart of SunCoast Chrysalis

## Sponsor Form



To be completed by sponsor

Candidate's Name(s):		
Sponsor(s):		
Address:		
City:		State:      Zip:
Phone:- Home:	Phone - Business:	E-mail
Name of church now attending:		
Denomination:	Do you attend regularly?    No <input type="checkbox"/> Yes <input type="checkbox"/>	
Where did you make your Emmaus/Cursillo/Chrysalis/Kairos?	When?	#
How long have you known the candidates?		
Why do you feel that these persons would be good candidates?		
Do the candidates have the physical and mental health needed for a Chrysalis weekend?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Are the candidates under any temporary emotional strain that might indicate that his/her Weekend should be postponed?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you now in a reunion group?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you willing to assist getting the candidate into a reunion group?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Will you bring your candidate(s) to their specific weekends?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Will you attend: Sponsors hour(s)		No <input type="checkbox"/> Yes <input type="checkbox"/>
Candlelight(s)		No <input type="checkbox"/> Yes <input type="checkbox"/>
Closing(s)		No <input type="checkbox"/> Yes <input type="checkbox"/>
Will you be available for the emergency needs of your candidates over the weekend?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Have you explained the follow-up meeting?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you aware of the importance of "minimal" contact with your candidates during their weekends?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Will you obtain the necessary "agape" correspondence for each of your candidates?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Are you praying and sacrificing for your candidate(s)?		No <input type="checkbox"/> Yes <input type="checkbox"/>
Sponsor's signature(s)		

Return completed forms (Candidate's application and Sponsor's form) with application fee to registrar:

Kathy Bishop  
1425 Clarion Dr.  
Valrico, FL 33594

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