



# Heart of SunCoast Chrysalis



Application Form to be completed by Candidates

Candidates must be 15 or in the 10<sup>th</sup> grade

Girls' Flight – Saturday, January 15-Monday, January 17, 2005(school holiday)

Boys' Flight – Saturday, February 26-Monday, February 28, 2005

All of the following information is necessary for your proper placement in Chrysalis. Please fill in all areas. (Please print or type)

Name:					
Name or nickname wished on ID tag:					
Street Address:					
City:		State:		Zip Code:	
Phone Number:	E-Mail Address:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Birthday:	
School you attend:				Grade:	
School activities:					
Are you on a special diet? (If yes please specify) No <input type="checkbox"/> Yes <input type="checkbox"/>	Are you on any special medication? (If yes please specify) No <input type="checkbox"/> Yes <input type="checkbox"/>	Do you have a health or physical handicap that may affect your attendance at a Chrysalis? (If yes, please specify) No <input type="checkbox"/> Yes <input type="checkbox"/>			
In what religious and/or community organizations are you active:					
Has Chrysalis been explained to you?	T-Shirt Size: S M L XL XXL				
State briefly why you wish to participate in Chrysalis and what you expect from it:					
Name of church now attending:			Denomination:		
Sponsor's Name		Sponsor's Phone Number			
Candidates Signature:				Date:	
Pastor's or Youth Director's Signature is required					

<b>Emergency Permission – Must be completed for all attending</b>		
To be signed by parent or guardian if candidate is <b>under 18</b> years old. If over 18, may be signed by the candidate.		
In the event of an emergency, illness or accident, parents or guardian will be contacted at the earliest possible moment. However, as contacts cannot always be made immediately, we need emergency permission for medical care signed and <b>notarized</b> .(if under 18 and signed by parent)		
<b>Everything must be completed on this form!</b>		
In the event of an emergency and if I/we cannot be reached by phone, the Chrysalis staff has my/our permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being. I understand that I will be contacted at the earliest possible moment.		
Signed:	Relationship:	
Home Phone:	Work Phone:	
Street Address:		
City:	State:	Zip Code:
<b>Insurance Information</b>		
Insurance Company:		
Policy Number Code:		
<b>To be completed by Notary Public:</b>		
State of:		
County of:		
The foregoing instrument was acknowledged before me this _____ day of _____ by _____		
_____ who is personally known to me and who did not take an oath.		
Notary Public Signature:	(Seal)	

\* Someone who has been to Chrysalis or Emmaus or VDC must sponsor you. If you do not have sponsors, we will try to find them for you. The balance of \$80.00 will be payable now or on your weekend. Please make check payable to Heart of Sun Coast Chrysalis. You will be notified of your acceptance and the dates and location of your weekend. Please notify us immediately if you cannot come so someone else can attend. If you cannot return this to a sponsor, mail it to Kathy Bishop, 1425 Clarion Dr., Valrico, FL 33594 or FAX to 813/684-9372. CALL 813/684-3633 or email [chrysaliskb@aol.com](mailto:chrysaliskb@aol.com) with any questions. A notary will be present during registration/check-in at the beginning of the Chrysalis Weekend.