

# UNITED EMMAUS/CHRYSALIS COMMUNITY

## Application for Chrysalis

(to be completed by the APPLICANT)

*The sole purpose of the Emmaus Movement (of which Chrysalis is a part) is to strengthen disciples within the ministry of individual Christian churches. Chrysalis is for Christians who are active in a local congregation. If you are seeking to renew and strengthen your faith so that you may better serve God in your church, you are invited to participate in a Chrysalis Flight. Check one of the following*

- The **Chrysalis Flight** experience is for young people (age 15-18) from rising 10<sup>th</sup> grade to the summer after high school graduation.
- The **Chrysalis Journey** experience is for young people (age 19-24).

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ Name you would like on your name tag \_\_\_\_\_

School \_\_\_\_\_ E-mail \_\_\_\_\_ Grade next fall \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

Have reunion groups and gatherings/hoots been explained to you by your sponsor? \_\_\_\_\_  
State briefly why you wish to participate in Chrysalis \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In order to make the weekend a pleasant experience for you, we need the following information. Please check any statements that apply:

- I have **medical needs** for a special diet for the weekend.  
Explain \_\_\_\_\_
- I will be taking medication during the weekend.  
Explain \_\_\_\_\_
- I have a physical limitation that needs special attention for comfort. Explain \_\_\_\_\_

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

**Please return this "Application Form" with the \$40 refundable fee (payable to United Emmaus Community) to your sponsor.** As soon as your application is received and accepted, you will be notified in writing by the registrar.

### MORE ABOUT CHRYSALIS

The weekend begins on Friday morning and ends on Sunday evening at 7 p.m. You will live and study together with others who want to strengthen their faith. You will also sing and worship and pray together. You will have the opportunity to participate in the daily celebration of Holy Communion, to understand more fully the presence of Christ and experience God's grace personally through the acts of a loving support community.

**DO NOT GIVE THIS SHEET TO THE APPLICANT!!**

**UNITED EMMAUS/CHRYSALIS COMMUNITY  
SPONSOR'S SHEET for Chrysalis Applicant  
(to be completed by the SPONSORS)**

Sponsor's name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Co-Sponsor's name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

**BEFORE YOU SPONSOR SOMEONE:**

- Prayerfully seek guidance regarding whom you should sponsor
- Carefully consider your reasons for sponsoring this person
- Read chapter 8 of Day Four – The Pilgrim's Continued Journey (a copy was in your weekend packet)
- Make sure you have time for your commitments as a sponsor

**APPLICANT DATA:**       **19-24 Journey**                       **15-18 Flight**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

School \_\_\_\_\_ Grade next fall \_\_\_\_\_

Please list anything you are aware of that the Team should know to make this a better Flight for the applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUMMARY OF SPONSOR RESPONSIBILITIES:**

1. Submit **both parts** of the "Application Form", the \$40 non-refundable sponsorship fee and the refundable \$40 applicant fee to the appropriate Chrysalis Registrar (see below). That's **\$80 TOTAL**.
2. Tell your candidate that you need to know AS SOON AS POSSIBLE if a conflict arises which would prevent him or her from participating on the Chrysalis Flight.
3. Obtain letters from out-of-town and local friends and family members.
4. Bring the candidate to Send-off and take home from Closing.
5. Participate in the Sponsor's Hour, participate in Prayer Chapel, serve at least one meal and attend Candlelight.
6. Follow-up during the first week after the Chrysalis Flight with a phone call or visit.
7. Bring candidate to the Follow-up meeting and to the first Gathering or Hoot after the weekend.

**"I AGREE TO DO ALL I CAN TO FULFILL MY RESPONSIBILITIES AS A SPONSOR."**

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_  
Co Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

MAIL THE REQUIRED INFORMATION AND FEES TO THE REGISTRAR:  
United Chrysalis Community  
Registrar  
Box 3935  
Johnson City, TN 37602

**\*\* Reservations are "first come" determined by time of receipt by the registrar \*\***