

Chrysalis Flight Application

Office use only

Name on check \_\_\_\_\_ Check amount \_\_\_\_\_

Date received \_\_\_\_\_ Date confirmed \_\_\_\_\_ Letter sent Y/N

Girls flight: #

Boys flight #

CANDIDATE INFORMATION:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Preferred name on Nametag: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of June 1 \_\_\_\_

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

City, State, Zip \_\_\_\_\_

Home phone number \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address: \_\_\_\_\_

Church name: \_\_\_\_\_

Church activities: \_\_\_\_\_

School name: \_\_\_\_\_ Next grade: \_\_\_\_\_

School activities: \_\_\_\_\_

SPONSOR INFORMATION:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email address: \_\_\_\_\_

When & where did you attend your Walk to Emmaus, Chrysalis, Cursillo or other similar 3 day event?

Walk number, location, date: \_\_\_\_\_

Are you active in your Emmaus community: Y / N Reunion group: Y / N

Will you support this candidate at Sendoff, Candlelight, and Closing? Y / N

# Chrysalis Flight Application

(Candidate name: \_\_\_\_\_)

## PARENT INFORMATION:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone \_\_\_\_\_

Other alternate numbers: \_\_\_\_\_

Have you attended the Walk to Emmaus, Chrysalis, Cursillo: or other similar 3 day event? Y / N

Only answer the following if the above answer is yes:

Walk number, location, date: \_\_\_\_\_

Are you active in your Emmaus community Y / N Reunion group Y / N

Are you the sponsor of this candidate? \_\_\_\_\_

Will you support this candidate at Sendoff, Candlelight, and Closing? Y / N

## CANDIDATE MEDICAL INFORMATION:

Full legal name: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's phone# \_\_\_\_\_

Parental / Guardian name on Insurance policy: \_\_\_\_\_

Insurance information: \_\_\_\_\_

Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_

Does this candidate have any medical issues? Y / N

If yes, please explain: \_\_\_\_\_

Does this candidate have any allergies? Y / N

If yes, please describe: \_\_\_\_\_

Does this candidate take any medications? Y / N

If yes, please indicate: \_\_\_\_\_

Does this candidate have any dietary needs? Y / N

If yes, please indicate: \_\_\_\_\_

Please return completed application and  
30.00 deposit to :  
Heart of the Ozarks Emmaus/Chrysalis  
P.O. Box 962  
Berryville, AR 72616