

CROSSROADS CHRYSALIS OF EASTERN PA
Request for Reservation



Name _____ Date of Application _____

Name desired on Nametag _____

Address _____

_____ City _____ State _____ Zip _____

Phone Number _____ E-Mail Address _____

May we include the above information in our community directory? Yes _____ No _____

Name of High School _____ Grade _____

****APPLICANTS MUST HAVE COMPLETED 9TH GRADE IN ORDER TO ATTEND CHRYSALIS**

Birthdate _____ Male _____ Female _____ T-shirt Size _____

Name of church now attending _____

Denomination _____ Pastor's Name _____

In what church, school, or community organizations are you active? _____

Has the Chrysalis weekend been explained to you? Yes _____ No _____

Has the follow-up program of group reunions & gatherings been explained to you? Yes ___ No ___

State briefly why you wish to participate in a Chrysalis weekend and what you expect from it

INFORMATION NEEDED FOR THE WEEKEND

Are you on a special diet? No _____ Yes _____ Explain: _____

Do you have any special needs? No _____ Yes _____ Explain: _____

Sponsor's Name _____

Applicant's signature _____ Date _____

CROSSROADS CHRYSALIS OF EASTERN PA

Parental Permission/Health & Insurance Information

_____ has my permission to attend the Chrysalis weekend. In the event of an emergency, and if I/we cannot be reached by telephone, the Chrysalis staff has my permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being.

Please list any medical allergies, medication, or medical conditions the Chrysalis staff needs to know to care for your child _____

Insurance Carrier _____

Subscriber _____ Group/ID# _____

In case of emergency, please call me at:

Home Phone _____ Work Phone _____

Cell Phone _____

If I cannot be reached, please call:

_____ Phone _____

May we include your child's address, phone number, and e-mail address in our community directory? Yes _____ No _____

I am aware and give my permission for my child to be transported to and from Innabah to Cedarville United Methodist Church either by van or volunteers vehicles, to attend an off-site service.

Please Note: Due to the weekend participants staying in close proximity to one another, If your child is 18 or older at the time of the weekend, Crossroads Chrysalis requires PA State Clearances & PA Child abuse Clearances.

Parent / Guardian Name: _____

Parent/Guardian Signature: _____

CROSSROADS CHRYSALIS OF EASTERN PA

Sponsorship Application



Please review the guidelines for sponsorship and give your applicant prayerful consideration before completing this application.
Mail completed application to: Scott Rafferty – 2230 Pembroke Lane, Chester Springs, PA 19425
Phone: 484-459-2463 e-mail: scottrafferty316@gmail.com

Applicant's name: _____

Sponsor's Name _____ Date _____

Address _____
Street Address City State Zip

Home Phone _____ Work Phone _____

E-mail _____

Church _____ Pastor's name _____

When did you make your Chrysalis/Emmaus Weekend? _____

Where? _____

How long have you known this applicant? _____

In what capacity? _____

Why are you recommending this applicant? _____

What can you tell us about this applicant's spiritual life? _____

Please provide any additional comments that could help the team understand and be sympathetic with the applicant (i.e. information about the applicant's home, attitude toward life, doubts, difficulties, and hopes). _____

Have you reviewed the sponsorship guidelines and prayed about this applicant? _____

If your applicant is 18 or older at the time of the weekend, have you ensured they can submit PA State Clearances & PA Child abuse Clearances? _____

Will you provide transportation for this applicant to and from the weekend, attend events related to sponsorship, and support the applicant after the weekend? _____

Will you follow-up with the applicant regarding small group reunions and gatherings for at least 6 months following the weekend? _____

Sponsor's signature: _____

\$165 application fee must be received in full in order for the reservation to be confirmed. Recommended \$125 paid by Sponsor and \$40 paid by Caterpillar. Please make checks payable to "Crossroad Chrysalis".

OFFICIAL USE ONLY:

Date Received: _____

Flight # Attending: _____

Registration Fee Received: _____

Balance of Fee Received: _____

Clearances Received: _____

Confirmation Letters Sent: _____