

## Highlands Chrysalis of Virginia Flight Application Form

BOYS Flight \_\_\_\_\_ GIRLS Flight \_\_\_\_\_ DATE OF FLIGHT: \_\_\_\_\_

*Flight experience is for young people (age 15-19) from rising 10<sup>th</sup> grade to the summer after high school graduation. This is an application only. ALL information on this application must be completed for its consideration of acceptance. Incomplete applications will be returned. Receipt of this application is not a guarantee of the candidate being able to attend the weekend.*

### Please Print

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ email: \_\_\_\_\_

T-Shirt size: \_\_\_\_\_ Name desired on nametag: \_\_\_\_\_

Name of church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Why do you want to attend Chrysalis? \_\_\_\_\_

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

Has your sponsor explained the Chrysalis experience to you (including follow-up meeting, reunion groups, and monthly Chrysalis get-togethers)? Yes \_\_\_\_\_ No \_\_\_\_\_

### Medical/ Allergy/ and Special Diet Information

List any drugs, foods, etc. to which you are allergic: \_\_\_\_\_

List any medications that you will be taking during the weekend: \_\_\_\_\_

List any special diet needs that you have: \_\_\_\_\_

### Directions for Completion of the Application

Complete this application and return it to your sponsor with the \$30.00 Applicant fee. The cost of this Chrysalis Flight is \$80.00. The Applicant/Student will pay only \$30.00 for this Chrysalis Flight weekend. The Sponsor will pay the remaining \$50.00 as a gift to the Student/Applicant. If for any reason that the applicant/student can not attend the Flight weekend after sending in the deposit, it will be held until a later Flight weekend can be scheduled and confirmed.

### MORE ABOUT CHRYSALIS

The weekend begins on Friday morning and ends on Sunday evening at 7 pm. 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 supportive community.

### PARENTAL PERMISSION (Applicants under 18 MUST have parent's signature)

\_\_\_\_\_ has my permission to attend the Chrysalis weekend. In the event of an emergency and if I cannot be reached by phone, 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. We further do hereby release and discharge Chrysalis, its Board and members from any and all liability from illness, injuries, and damages that may arise out of or resulting from my child's participation in or traveling to or from and at this event.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print parent/guardian name: \_\_\_\_\_

Phone \_\_\_\_\_

Revised 12/17/2011