

Chrysalis

For the development of Christian leaders ages 15-19

Cleveland/Chrysalis Emmaus Community

Reservation Request for "A Walk To Emmaus"

Please Print all information very precisely so it can be easily read!

Registration Use Only		
Acknowledge: _____	Flight # _____	
Date Received by Registrar: _____		
Sponsor Fee: _____	Candidate Fee: _____	
1 st _____	2 nd _____	3 rd _____

Name: _____ Sex: M ___ F ___

Street Address: _____ Phone: (youth cell-not parents) ____ - ____ - ____

City: _____ State: ___ Zip Code: _____

E-MAIL ADDRESS: _____

Name and Denomination of Church Attending and Activities at Church: _____

Pastor: _____ Your Age: _____ Birthday _____

School you attend and school/community activities: _____

Has The Walk To Emmaus Been Explained To You? _____

List Friends Who Have Attended the Flight/Walk: _____

Are You On A Special Diet Due to Medical Reasons? If so, state dietary needs _____

Are You On Special Medication? Please List Medications & Allergies _____

Do You Have Any Health Problems/Physical Handicaps That Would Affect Your Weekend? _____

Candidate's Signature: _____ Date: _____

All of the information requested above is necessary for your proper placement in the Emmaus experience. Please be sure to fill in all the blanks. **The Candidate Fee is \$60.00 and will be paid at the registration table immediately prior to departure or can be submitted with this application.** Your fees are refundable in the event you cannot attend. Use the back of this sheet to briefly explain why you wish to become involved in the Emmaus movement and what you expect from your Emmaus Walk.

IN CASE OF AN EMERGENCY, YOUR SPONSOR WILL BE THE INITIAL CONTACT PERSON To Be Completed By the Sponsor (Please complete all requested information)

The Sponsor Fee is \$60.00 and Must Be Submitted with this application. This fee is refundable or transferable if your candidate can not attend within a three (3) FLIGHT/WALK time-frame from the initial request, or it will be considered a donation to the Cleveland Emmaus Community.

Name: _____ Address: _____

City: _____ State: ___ Zip Code: _____ Phone: (H) OR (C) ____ - ____ - ____

E-MAIL ADDRESS: _____

Sponsor's Signature: _____ Date: _____

TO BE FILLED OUT BY PARENT OR GUARDIAN: _____ has my permission to attend the Chrysalis weekend. In the event of emergency, the sponsor will be the emergency contact. If parent or sponsor can not be reached by phone, the Chrysalis Staff has my permission to secure the services of a licensed medical profession to provide the care necessary, including anesthesia, for my child's well being.

SIGNATURE OF PARENT/GUARDIAN _____ **PHONE** _____

Mail Application To:
Cleveland Emmaus Community
Attention: Registrars
P.O. Box 5754
Cleveland, TN. 37320-5754