

# SOUTHERN OHIO CHRYSALIS REGISTRATION

Flights are held at Cornerstone United Methodist Church in Portsmouth, Ohio

FLIGHT DATES: Girls: January 13 – 15, 2024  
July 2024 TBD

Boys: February 17 – 19, 2024  
July 2024 TBD

## PLEASE PRINT:

NAME \_\_\_\_\_ NAME TAG \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-Mail:

Confirm E-Mail:

## PREFERRED METHODS OF CONTACT (Enter applicable information): Please check "email" or "cell phone".

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Number: \_\_\_\_\_ May we text you? \_\_\_\_\_ YES \_\_\_\_\_ NO

PARENTS OR GUARDIAN'S NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ M/F \_\_\_\_\_ CIRCLE T-SHIRT SIZE: S M L XL 2X 3X

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

YOUR CHURCH NAME AND CITY \_\_\_\_\_

WHY DO YOU WISH TO PARTICIPATE IN A CHRYSALIS FLIGHT \_\_\_\_\_

YOUTH'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## TO BE COMPLETED BY PARENT OR GUARDIAN

E-Mail Address:

Confirm E-Mail:

If your address differs from the address above, please list it here: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the Chrysalis weekend. In the event of an emergency, if I/we cannot be reached by phone, the Chrysalis staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia.

By signing this application, I am giving permission to Southern Ohio Chrysalis to list my child's name on the Southern Ohio Chrysalis website for prayer support purposes.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ PHONE \_\_\_\_\_

IF ABOVE CANNOT BE REACHED, CALL \_\_\_\_\_ PHONE \_\_\_\_\_

PLEASE LIST any medical allergies, medications being taken, special diets, medical problems, or other pertinent information regarding the applicant

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PLEASE ATTACH a \$30.00 registration deposit to be applied to the total flight cost of \$60. **The deposit is non-refundable.** Please make your check payable to SOUTHERN OHIO CHRYSALIS. You will be notified of your flight dates. The \$30.00 balance is due on the first day of your flight. Once you complete the front of this application, please return it to your sponsor, along with the \$30 deposit. Your sponsor will complete the back of the form and will mail it to the registrar for Southern Ohio Chrysalis. If you do not have a sponsor, mail your application to the registrar, along with your deposit and a note indicating that you would like to be assigned a sponsor.

**SPONSORS:** Please complete this side and mail this form with the applicant's \$30.00 deposit to:

**REGISTRAR - SOUTHERN OHIO CHRYSALIS**  
**Mrs. Rochelle Barney**  
**2006 Baird Avenue • Portsmouth, Ohio 45662**  
**740-821-4438**

Name of Applicant \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

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

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

Phone: Daytime (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Cell Phone \_\_\_\_\_

**E-Mail:**

**Confirm E-Mail:**

**PREFERRED METHODS OF CONTACT** (Enter applicable information): **Please check "email" or "cell phone".**

**E-Mail:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**May we text you?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

Have you served as a Chrysalis sponsor before? \_\_\_\_\_

Your church name and city \_\_\_\_\_

Where did you attend Cursillo/Emmaus/Chrysalis? \_\_\_\_\_ When? \_\_\_\_\_

How long have you known the Applicant? \_\_\_\_\_

Why do you think the Applicant would benefit from the Chrysalis Weekend? \_\_\_\_\_

Does the Applicant have physical or emotional health concerns that should be brought to the attention of the Spiritual Director? \_\_\_\_\_

Who will bring the Applicant to the Chrysalis Weekend? \_\_\_\_\_

Who will take the Applicant home? \_\_\_\_\_

Will you invite and accompany the Applicant to Hoots? \_\_\_\_\_

Please share any additional comments you believe may be helpful to us. \_\_\_\_\_

**Please pray for and encourage your applicant before, during, and after the flight. Also encourage them to join a share group!**