











# G.R.A.C.E. Chrysalis Application for Registration

## CANDIDATE INFORMATION - TO BE COMPLETED BY THE CANDIDATE

Candidate Name \_\_\_\_\_ Sex \_\_\_\_ Date of Birth \_\_\_\_\_

Preferred Name \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Grade currently in or just completed \_\_\_\_\_ School attended \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_

We would like for your pastor to know that you are attending the Chrysalis weekend. Please discuss this with them and obtain his/her signature (see below). After the Chrysalis weekend was explained by your sponsor, do you or your parents have any questions you would like to discuss? \_\_\_\_ If so, when is the best time to contact you? \_\_\_\_\_

## SPONSOR INFORMATION- TO BE COMPLETED BY THE SPONSOR

Sponsor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Church Sponsor attends \_\_\_\_\_ Relation to candidate \_\_\_\_\_

What Walk/Flight did you attend? Community \_\_\_\_\_ Date and weekend # \_\_\_\_/\_\_\_\_

Have you informed the candidate that they should expect to have NO outside contact during the weekend except in the case of an emergency? \_\_\_\_\_

Will you personally bring the candidate to the Flight site? \_\_\_\_\_

Are you praying for your candidate? \_\_\_\_\_

Are you able and willing to assist the candidate in getting into a reunion group? \_\_\_\_\_

Have you explained the post-flight follow-up meeting? \_\_\_\_\_

As sponsor, I say "Yes to Christ" and will fulfill my responsibilities in such a way that His grace and love are revealed to this candidate through my Christian action. My signature on this application indicates my commitment to this high calling of servanthood.

Candidate's signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor's signature \_\_\_\_\_ Date \_\_\_\_\_

Pastor's signature \_\_\_\_\_ Date \_\_\_\_\_

## BE SURE YOUR APPLICATION IS COMPLETE!

We must have your signature, sponsor's signature, and pastor's signature.

Candidate must be 15-18 years old and have finished the 9<sup>th</sup> grade and not started college prior to the weekend. For the journey table they must be ages 18-24.

The medical release form (on the reverse side) must be complete and signed by a notary.

**RETURN APPLICATION TO:**

**GRACE Chrysalis Registrar.  
PO BOX 6291  
Tyler, Texas 75711**

The cost for the weekend is \$50; make checks payable to GRACE Chrysalis. If you have other Questions? You may reach the steering committee at [gracechrysalis@yahoo.com](mailto:gracechrysalis@yahoo.com). You will receive a confirmation letter that will include a list of things to bring to the weekend once your application has been processed.

**Medical Authorization**

**This information must be filled out to attend the Chrysalis weekend.**

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_  
and give my permission for his/her attendance at the GRACE Chrysalis weekend beginning  
\_\_\_\_\_ and ending \_\_\_\_\_.

During this time, I may be reached at (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency contact and number \_\_\_\_\_

Candidate's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Are there any medications, prescription or other, to be taken during the weekend? \_\_\_\_\_

If yes, provide all medications (prescription and over-the-counter) in the original container.

List ANY allergies \_\_\_\_\_

List ANY special dietary needs or restrictions \_\_\_\_\_

Does the candidate have any health or physical needs that require special attention? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

I understand that my son/daughter will be in the care of Chrysalis adult staff members. In case of an emergency and if I cannot be readily contacted, I hereby authorize the administration of any medical treatment that may be necessary. I will be responsible for the cost of such treatments.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Subscribed sworn before me, a Notary public in \_\_\_\_\_ County, Texas this the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of Notary Public \_\_\_\_\_

Date my commission expires \_\_\_\_\_

Tyler Emmaus Community  
DBH: **GRACE Emmaus**  
**Community**  
**P.O. Box 132212**  
**Tyler, TX 75713-2212**

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## **GRACE EMMAUS**

The G.R.A.C.E. Emmaus Community wishes to continue to spread the life changing experience that an Emmaus weekend can deliver. Won't you help us by donating funds for scholarships for both pilgrims and team members or the general fund of our community?

We are asking you to consider donate \$5, \$10, \$25 monthly or whatever amount you would like to set the donation to. This monthly donation will be debited automatically from your bank account on or about the 15<sup>th</sup> of the month.

Thank you for your continued support of our Emmaus community.

DeColores

**PLEASE COMPLETE THE INFORMATION BELOW:**

Name: \_\_\_\_\_

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

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