

Rise to a New Day...



## Northern Lights Chrysalis Community

Chrysalis is a three-day experience for either teenagers in 10<sup>th</sup> through 12<sup>th</sup> grade or young adults ages 18-24 that provides an opportunity for spiritual growth and renewal through Christian fellowship. Chrysalis equips and challenges youth to develop their relationship with Christ and inspires participants to live their faith in their home, church, school and community. Chrysalis experiences for teenagers are called flights and Chrysalis experiences for young adults are called journeys. These experiences happen concurrently. Please check the box that corresponds with the experience you are applying for.

Boys' Flight       Girls' Flight       Boys' Journey       Girls' Journey

PLEASE PRINT ANSWERS TO ALL THE FOLLOWING QUESTIONS: Date: \_\_\_\_\_

Full Name \_\_\_\_\_ Please put \_\_\_\_\_ on my nametag.

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

Phone (\_\_\_\_) \_\_\_\_\_ Parent or Guardian's Name \_\_\_\_\_

Emergency Phone Number(s) (\_\_\_\_) \_\_\_\_\_ Parent/Guardian E-mail \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

School (if applicable) \_\_\_\_\_ Present Grade \_\_\_\_\_

Church and Denomination Currently Attending \_\_\_\_\_

What other Christian or School organizations are you active in? \_\_\_\_\_

Have the Chrysalis Flight/Journey, share groups, and hoots been explained to you? \_\_\_\_\_

Do you have any dietary, medical (ie. medications that must be taken at a certain time), mobility, or other concerns that may affect attendance at the Chrysalis Flight? No \_\_\_\_\_ If Yes, Please Explain: \_\_\_\_\_

Any Allergies? \_\_\_\_\_

State briefly why you wish to be involved in the Chrysalis Flight/Journey and what you expect from it: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

***All of the above information is necessary for your proper placement in the Chrysalis Weekend. Please fill in all blanks.***

The cost of the weekend is \$65.00 per person. We request a non-refundable \$15.00 registration fee that should be given to your sponsor along with your completed application. The remaining amount will be collected at the Registrar's table upon arrival. Please make checks payable to the Northern Lights Chrysalis Community. Limited scholarships are available. This form is an application and its submittal does not guarantee acceptance. You may be placed on a waiting list since we only have a certain number of spaces available. Applicants will be notified of acceptance by mail several weeks before the Chrysalis Flight/Journey.

**To be filled out by the Parent/Guardian if participant under 18 years old:**

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

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be filled out by Participant if 18 years or older:**

In the event of an emergency, Northern Lights Chrysalis has my permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my well being.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**SPONSORS: PLEASE READ BEFORE GIVING THE APPLICATION FORM TO A PROSPECTIVE BUTTERFLY**

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**We are counting on you to understand and fulfill the responsibilities of a Sponsor.**

The duties include:

1. Awareness and Sensitivity- Sponsor only those you know well enough to assess their spiritual, physical and emotional readiness for the Chrysalis Flight/Journey.
2. Preparation- You are to inform the caterpillar and parents of the nature and schedule of the Chrysalis Flight/Journey, and share groups and Hoots. Remember NO SECRETS, only surprises.
3. Support- You are asked to bring your caterpillar to the Chrysalis Flight/Journey, care for the needs of your candidate's family over the weekend, pray and sacrifice for the caterpillar before and during the weekend, escort the butterfly to their first post-weekend Hoot, and assist the butterfly in finding a share group.

To be filled out by the sponsor:

Your Name \_\_\_\_\_ E-mail \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Church and Denomination Now Attending \_\_\_\_\_

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

Date and Number \_\_\_\_\_ Are you attending a Share Group? \_\_\_\_\_

Are you serving and sacrificing for your Butterfly through: Agape \_\_\_\_\_ Prayer Vigil \_\_\_\_\_

Other \_\_\_\_\_

Are you praying for your Butterfly? \_\_\_\_\_ Are you attending the community events? \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**REGISTRATION DEADLINE IS TWO WEEKS PRIOR TO THE CHRYSALIS WEEKEND**

Please mail the completed form and deposit to:

Northern Lights Chrysalis Community, C/O Registrar, P.O. Box 38 West Chester, OH, 45071  
ChrysRegis@northernlightsemmaus.org

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## Northern Lights Chrysalis Community

### Applicant Reference Sheet

To be filled out by an ADULT who knows the applicant well: A pastor, teacher, counselor, etc., should fill out this form. This information will be kept in strict confidence and will enable us to place the applicant in a group where they will benefit the most and should not be shared with the applicant.

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

PLEASE CIRCLE THE APPROPRIATE ADJECTIVE(S) AND COMMENT AS NECESSARY.

Exercise of Leadership:      Excellent      Good      Poor      None  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Maturity:      Very Mature      Mature      Average      Immature  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Areas of Leadership:      School      Church      Athletics      Social  
   Community      Drama      Music      Other  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Relationships with peers:      Well liked      Talkative      Domineering      Shy      Quiet  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Psychological Adjustment:      Excellent      Good      Average      Poor  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

Adult Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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