

Candidate Application for Reservation CHRYSALIS 53

February 10, 11 and 12th 2012

Location: First United Methodist Church, Billings, MT

Final Application Deadline: February 3, 2012

Application Fee: \$80

Please note: a \$10 discount will be applied to applications received prior to January 20, 2012.

Name: _____ Phone: _____
Last First

Name preferred on name tag: _____

Birthdate: _____ Age: _____ Grade: _____ School: _____ Gender: M F T-Shirt Size _____

Email address: _____

Mailing address: _____

_____ City State Zip Code

Father's Name: _____

and address (may use "same"): _____

Mother's Name: _____

and address (may use "same"): _____

Name of Youth Pastor(if any): _____

Name of Pastor and Church (if any): _____

Do you have a physical condition and/or illness that may need consideration during the three day retreat?
Yes _____ No _____ If yes, please specify: _____

Do you require prescription medication?
Yes _____ No _____ If yes, specify: _____

Do you require a special diet?
Yes _____ No _____ If yes, please specify: _____

Do you give permission to print your information on Chrysalis lists? Yes No (circle one)

Signature of Candidate: _____ Date: _____

Signature of Parent/guardian: _____ Date: _____

***Please return this application and the medical release form with a NON-REFUNDABLE \$10 deposit to your Chrysalis sponsor. The remainder of the application fee will be paid at registration on Friday morning of the weekend. Sponsors must complete the Sponsor Endorsement and return completed forms as soon as possible to the address below. Sponsors and Candidates will be notified of application status by mail and/or e-mail. Make checks payable to Chrysalis.**

Yellowstone Chrysalis Community
P.O. Box 23593
Billings MT 59104

SPONSOR ENDORSEMENT
CHRYSALIS 53 – February 10, 11 and 12 2012
First United Methodist Church, Billings, MT

Your Candidates Name: _____

Sponsor Name: _____ Phone: _____

Address: _____
City State Zip

Email Address: _____

When and where did you attend a Chrysalis/Walk/Cursillo/Search, etc? (list weekend type, date, location)

What church are you now attending? _____

How long have you known the candidate? _____

How frequently do you see the candidate? _____

What are the major school, social, civic and religious environments of the candidate?

What will you do to support your candidate in his/her 4th day?

Why do you feel this person is a good candidate?

Are there any problems that you might anticipate for your candidate during the three day weekend?

Are you willing to bring the candidate to the monthly reunion? _____

Additional Comments: _____

I HAVE PRAYED ABOUT THIS CANDIDATE ATTENDING CHRYSALIS. I HAVE READ AND UNDERSTAND THE RESPONSIBILITIES OF A SPONSOR AND PLEDGE THAT, WITH CHRIST'S HELP, I WILL DO MY BEST TO MEET THOSE RESPONSIBILITIES.

Sponsor's Signature: _____ Date: _____

*Please mail this application, sponsor endorsement, medical release and a \$10 deposit to:
Yellowstone Chrysalis Community
P.O. Box 23593
Billings MT 59104

MEDICAL AUTHORIZATION
EMERGENCY ROOM - CONSENT TO TREAT

It is recommended that a duplicate copy be kept for future reference. It is the responsibility of the parent or guardian to notify the hospital keeping this record should changes occur in the following information:

Permission is given to any available physician, or member of a hospital medical staff to perform emergency treatment, and procedures for _____ as he/she deems necessary, and to continue treatment and procedures until such time as the undersigned shall dismiss him/her or engage another physician. This permission includes admission to one of the local hospitals, if the attending physician deems it necessary.

Signed: _____

Relationship: _____

_____ Witness

_____ Witness

_____ Date

PLEASE ANSWER THE FOLLOWING QUESTIONS:

KNOWN ALLERGIES

MEDICAL PROBLEMS

DATE OF LAST TETANUS BOOSTER _____

MEDICATIONS CURRENTLY BEING USED

DOCTOR PREFERRED _____

HOSPITAL PREFERRED _____

CONSENT VALID UNTIL _____

BIRTHDATE _____

INSURANCE _____

HOME PHONE _____

BUSINESS PHONE _____

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