



**PLEASE CIRCLE THE DESIRED WEEKEND**

March 27-29, 2026

November 20-22, 2026

PLEASE PROVIDE ALL THE INFORMATION REQUESTED – COMPLETE IN FULL

**TO BE FILLED OUT BY THE CANDIDATE:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

NAME FOR NAME TAG \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

HIGH SCHOOL GRADUATION YEAR \_\_\_\_\_ SCHOOL \_\_\_\_\_

WHAT CHURCH DO YOU ATTEND? If none, please indicate. \_\_\_\_\_

MOTHERS NAME \_\_\_\_\_ FATHERS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

HAVE YOUR PARENTS ATTENDED AN EMMAUS, BANQUET, OR CURSILLO WEEKEND? \_\_\_\_\_

HAS CHRYSALIS BEEN EXPLAINED TO YOU? \_\_\_\_\_

HAS THE FOLLOW-UP GROUP PROGRAM OF REUNION GROUPS BEEN EXPLAINED TO YOU? \_\_\_\_\_

STATE BRIEFLY WHY YOU WISH TO PARTICIPATE IN CHRYSALIS AND WHAT YOU EXPECT FROM IT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FLIP TO THE BACK PAGE

Total cost is \$85. Please enclose a deposit of \$20, which applies toward the expenses of the Chrysalis. The balance may be paid on the weekend. The deposit is not refundable unless there are no openings. The \$85 applies toward the cost of lodging, food, and supplies. However, it does not cover the total cost. The cost for the 60-hour experience is dependent upon additional contributions made by persons interested in youth having this experience. **Please make checks payable to Madisonville Chrysalis.** You will be notified of your acceptance. **IMPORTANT:** Please notify us **IMMEDIATELY** if you cannot come. Detailed information about arrival and housing will be sent.

If you need Financial Aid, please indicate: YES NO

YOUTH SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE FILLED OUT BY THE PARENT OR GUARDIAN:** \_\_\_\_\_ has my/our permission to attend the Chrysalis Event. In the event of an emergency and 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, for my child's well-being.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ PHONE \_\_\_\_\_

IF ABOVE CAN NOT BE REACHED, PLEASE CALL \_\_\_\_\_ PHONE \_\_\_\_\_

**PLEASE LIST ALL MEDICAL ALLERGIES, MEDICATIONS BEING TAKEN, MEDICAL PROBLEMS, SPECIAL DIET, OR OTHER PERTINENT INFORMATION:** \_\_\_\_\_  
\_\_\_\_\_

**SPECIAL FOOD CONCERNS:** \_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION IN FULL**

**SPONSOR NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**(Please complete the separate reference form and send it to the church, separately or with application.)**

**REFERENCE NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

MAIL COMPLETED FORM TO: MADISONVILLE CHRYSALIS COMMUNITY C/O FIRST UNITED METHODIST CHURCH 200 EAST CENTER STREET MADISONVILLE, KY 42431  
QUESTIONS: (270) 821-5734  
chrysalis@m1umc.org

REVISED Jan 2025