

MADISONVILLE CHRYSALIS COMMUNITY REGISTRATION FORM

PLEASE CIRCLE DESIRED WEEKEND

November 18-20, 2022

March 24-26, 2023

PLEASE PROVIDE ALL THE INFORMATION REQUESTED – COMPLETE IN FULL!

TO BE FILLED OUT BY THE CANDIDATE:

HIGH SCHOOL GRADUATION YEAR _____

NAME _____ PHONE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ EMAIL ADDRESS _____

NAME FOR NAME TAG _____ SCHOOL _____

T-SHIRT SIZE _____

NAME OF CHURCH NOW ATTENDING _____ NONE _____

PASTOR'S NAME _____ ADDRESS _____ CITY _____

PARENTS NAME (S) _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

HAVE YOUR PARENTS ATTENDED AN EMMAUS, BANQUET, OR CURSILLO WEEKEND? YES NO

HAS CHRYSALIS BEEN EXPLAINED TO YOU? _____

HAS THE FOLLOW-UP PROGRAM OF GROUP REUNION AND GATHERING BEEN EXPLAINED TO YOU? _____

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

Total cost is \$65. 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 \$65 applies towards 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 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.

SIGNATURE OF PARENT OR GUARDIAN _____ PHONE _____

IF ABOVE CANNOT BE REACHED, PLEASE CALL _____ PHONE _____

PLEASE LIST ANY MEDICAL ALLERGIES, MEDICATIONS BEING TAKEN, MEDICAL PROBLEMS, SPECIAL DIET, OR OTHER PERTINENT INFORMATION _____

PLEASE COMPLETE THE FOLLOWING INFORMATION IN FULL

SPONSOR NAME _____ **ADDRESS** _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NAME OF PERSON FILLING OUT REFERENCE FORM (ATTACHED PAGE) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

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