

# MADISONVILLE CHRYSALIS COMMUNITY REGISTRATION FORM

PLEASE CIRCLE DESIRED WEEKEND

March 15-17, 2024

November 22-24, 2024

**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? \_\_\_\_\_

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 \$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 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