

MADISONVILLE CHRYSALIS COMMUNITY REGISTRATION FORM

PLEASE INDICATE DESIRED WEEKEND

March 25-27, 2022

November 18-20, 2022

**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? YES NO
HAS THE FOLLOW-UP PROGRAM OF GROUP REUNION AND GATHERING BEEN EXPLAINED TO YOU? YES NO

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.

YOUTH SIGNATURE _____ DATE _____ YES NO

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
REVISED FEBRUARY 2022

CHRYSALIS HIGH SCHOOL REFERENCE FORM

THE CANDIDATE SHOULD GIVE THIS FORM TO A PASTOR, YOUTH PASTOR, OR TEACHER WHO KNOWS HIM/HER WELL (**NOT A PARENT, PLEASE**). THIS FORM WILL HELP US TO PLACE THE CANDIDATE IN A GROUP WHERE THE CANDIDATE WILL BENEFIT THE MOST.

CANDIDATE NAME _____

SPONSOR NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

INFORMATION FOR ADULT COMPLETING REFERENCE

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: WORK _____ HOME _____ CELL _____

HOW LONG HAVE YOU KNOWN THE CANDIDATE? _____

DOES THIS CANDIDATE NEED HELP WITH THE EXPENSE OF THE WEEKEND? _____

DO YOU THINK HIS/HER CHURCH WILL HELP? _____

CHRYSALIS IS A 3-DAY RELIGIOUS EXPERIENCE FOR HIGH SCHOOL YOUTH (SOPHOMORE THROUGH SENIOR) WHO WISH TO STRENGTHEN THEIR RELATIONSHIP WITH CHRIST. WHY DO YOU FEEL THIS PERSON WOULD BE A GOOD CANDIDATE?

Empty rounded rectangular box for candidate information.

IT IS IMPORTANT THAT THE ADULT LEADERSHIP OF THE WEEKEND BE AWARE OF ANY PHYSICAL OR EMOTIONAL PROBLEMS THIS CANDIDATE MAY HAVE. PLEASE PROVIDE ANY COMMENTS YOU FEEL MAY HELP US UNDERSTAND AND DEAL SYMPATHETICALLY WITH THE CANDIDATE. COMMENTS ABOUT THE CANDIDATE'S HOME LIFE, PERSONALITY AND PRESENT RELATIONSHIP WITH CHRIST WOULD BE OF GREAT HELP. THESE COMMENTS WILL BE HELD IN STRICT CONFIDENCE.

Empty rounded rectangular box for comments.

THANK YOU FOR YOUR HELP. PLEASE BE IN PRAYER FOR ALL CANDIDATES AND TEAM MEMBERS OF THE UPCOMING WEEKEND. PLEASE RETURN THIS FORM TO THE ADDRESS BELOW AS SOON AS POSSIBLE.

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