



## Youth Walk To Emmaus

Request for Reservation: Spring \_\_\_\_\_ Fall \_\_\_\_\_ 20\_\_\_\_\_ Weekend Date \_\_\_\_\_

Complete this form and return to:  
Registrar: Adrienne Anderson  
(843) 421-6863  
Adriannenanderson@gmail.com

Coastal Carolina Chrysalis  
Attn: Adrienne Anderson  
6 Lone Oak Lane  
Surfside Beach, SC 29575

TO BE COMPLETED BY CANDIDATE: (Please Print) (MUST BE AT LEAST A SOPHOMORE – WEEKEND COMMITMENT IS SATURDAY AM - MONDAY PM)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_ Graduation Date \_\_\_\_\_

Name you wish to be on Name Tag \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ TShirt Size \_\_\_\_\_

School Name \_\_\_\_\_ School Activities \_\_\_\_\_

Name of Church you are Attending \_\_\_\_\_

Address of Church \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Pastor \_\_\_\_\_

Has the Chrysalis weekend been explained to you? \_\_\_\_\_ The Follow up? \_\_\_\_\_

State briefly why you wish to participate in Chrysalis and what you expect from it? \_\_\_\_\_

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

Name of Non-Related Adult closest to you? (not clergy) \_\_\_\_\_

SPONSORS NAME \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Church \_\_\_\_\_

Your Signature

(Youth's) \_\_\_\_\_ Date \_\_\_\_\_

PLEASE ENCLOSE A PRE-REGISTRATION DEPOSIT OF \$25.00 \_\_\_\_\_ Paid. This will be applied toward your contribution of \$100.00 which partially offsets the expense of your weekend. This deposit is NON REFUNDABLE unless we have no openings for you. Please make your check out to Coastal Carolina Chrysalis. Thank you. Balance Due \_\_\_\_\_ Paid \_\_\_\_\_

If Fee is a Hardship; Scholarships are Available. Contact Registrar.

Updated May 2017



TO BE COMPLETED BY PARENT OF GUARDIAN: (Please Print)

My son/daughter (youth's name) \_\_\_\_\_ has my  
Permission to attend the Chrysalis weekend. 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  
care necessary, including anesthesia for my son/daughter's wellbeing.

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

If the above cannot be reached, please call: \_\_\_\_\_

Home \_\_\_\_\_ Email \_\_\_\_\_

Please list any medical allergies, medications being taken, medical problems, special diets or other  
pertinent information (attach separate sheet if necessary)

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TO BE COMPLETED BY SPONSOR: (Please Print)



Name  
of Sponsor \_\_\_\_\_

Name and denomination of your Church \_\_\_\_\_

Do You Attend regularly? \_\_\_\_\_

Where and when did you attend Cursillo/Emmaus/Chrysalis? \_\_\_\_\_

Are you in reunion Group? \_\_\_\_\_ Why do you think this person would benefit from the Chrysalis  
Weekend \_\_\_\_\_

Does your candidate have a physical or mental health concern that should be brought to the attention  
of the Spiritual Director?

\_\_\_\_\_  
Please make any additional comments you believe may be  
helpful \_\_\_\_\_

Will you bring your candidate to the Chrysalis weekend? \_\_\_\_\_

Will you take your candidate Home? \_\_\_\_\_ If not who? \_\_\_\_\_

Have you explained the Reunion groups? \_\_\_\_\_

Are you aware of the importance of minimal contact with the candidate during the weekend? \_\_\_\_\_

Will you assist your candidate in finding a reunion group? \_\_\_\_\_

Will you be present at Weekend Events? \_\_\_\_\_

Besides sponsorship, in what capacity would you like to work this  
weekend? \_\_\_\_\_