

The Coastal Carolina Chrysalis Youth Walk To Emmaus

Request For Reservation

COMPLETE THIS FORM AND RETURN TO: COASTAL CAROLINA CHRYSALIS
P.O. BOX 1084
CONWAY, SC 29526

TO BE COMPLETED BY CANDIDATE: (Please Type or Print)

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Name you wish to be on Name Tag _____ Age _____ Grade _____

T-shirt Size _____ School you attend _____

Parents name _____ School Activities _____

Name of Church you are Attending _____

Address of Church _____ City _____

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? _____

Sponsors name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Your Signature (Youth's) _____ Date _____

PLEASE ENCLOSE A PRE-REGISTRATION DEPOSIT OF \$25.00, This will be applied toward your contribution of \$100.00 which partially offsets the expenses of your weekend. This deposit is non-refundable unless we have no openings for you. Please make your check out to Coastal Carolina Chrysalis. You will be notified of your acceptance and the time, date and location of your walk/flight.

TO BE COMPLETED BY PARENT OF GUARDIAN: (Please Type or 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 well being.

Signature of Parent/Guardian _____ Phone _____

If the above cannot be reached, please call _____ Phone _____

Please list any medical allergies, medications being taken, medical problems, special diets or other pertinent information _____

TO BE COMPLETED BY SPONSOR: (Please Type or Print)

Name of Candidate(s) _____

Name of Sponsor _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name and denomination. of your Church _____

Do You- Attend regularly? _____ Where and when did you attend Cursillo/Emmaus/Chrysalis? _____

Are you in a 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? _____

Will you bring your candidate to the Chrysalis weekend? _____ Will you take your candidate home? _____ Have you explained the Hoots, Gatherings and Reunion groups? _____ Will you accompany the candidate to the Hoots/Gatherings? _____ 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? _____

Please make any additional comments you believe may be helpful _____

