



NATIONAL CAPITAL AREA CHRYSALIS HIGH SCHOOL WEEKEND APPLICATION



*National Capital Area Chrysalis is an independent, ecumenical fourth day community.
It is not affiliated with the Upper Room®, Chrysalis®, or Chrysalis International®, Inc.*

(Age 14/completion of 1st semester of 9th grade through Senior in High School)

Section I: General Information

Full Name: (Please print legibly)			Name you go by: (Nickname)		Today's Date:
Home Address (include Apt #):			City:	State:	Zip:
Home Phone:		Cell Phone:		E-mail address: (Please print legibly, as we will use this as a main means of communication.)	
Gender: (M/F)	Grade: (Circle one) Current: Freshman Sophomore Junior Senior Rising: Freshman Sophomore Junior Senior			Date of Birth:	T-shirt size: (Adult Sizes)
School Name:			Do you play a musical instrument? _____ If yes, which one(s)? _____ Please bring it. ☺		
Special Dietary Needs/Allergies:			Health Issues of which we should be aware:		

Section II: Faith Background

Church Name:	Location:
Pastor's/Minister's Name:	
From whom did you hear about Chrysalis?	In what religious, community, or school organizations are you active?
State why you wish to attend a Chrysalis weekend, what you expect from it, and anything else about yourself or your faith that you want to share: _____ _____ _____	

Section III: Parent or Guardian/Emergency Contact Information

Parent/Guardian Name:	Phone(s):	E-mail:
Emergency Contact(s):	Relationship(s):	Phone(s):
Email address(es): (Please print legibly)		

***** **Tobacco / Alcohol / Illegal Substances of any kind are strictly PROHIBITED** *****

Application continues on back.

Section IV: Financial Responsibilities (Make all checks payable to "NCA Chrysalis")

It is important that you fill out all information requested to help us prepare for the Chrysalis weekend. An application fee of \$30.00 must accompany this application. There will be NO additional cost to you for the weekend.

Section V: Applicant and Parent/Guardian Signature

I have reviewed this application for completeness and understand that incomplete applications will be returned. Parent signature is required below.

APPLICANT SIGNATURE: _____ **Date:** _____

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

PLEASE RETURN THIS APPLICATION AND THE \$30 APPLICATION FEE TO YOUR SPONSOR.

Section VI: Sponsor's Information (To be completed by the Sponsor)

As a sponsor on the Chrysalis walk, you agree to provide information to the applicant and his/her parent(s)/guardian(s) to help with the decision to attend a weekend, to help the applicant enter fully into the NCAC fellowship after the weekend, and to provide prayer, support, and transportation to and from the weekend and the Day of Deeper Understanding. Sponsorship is a tremendous opportunity and must be entered into prayerfully and faithfully.

Full Name: (Please print legibly)		Name you go by: (Nickname)
Phone(s):	E-mail address: (Please print legibly)	
Church Name:	Location:	Pastor's/Minister's Name:
What is the name of the Chrysalis/Emmaus/Cursillo community where you made your walk and what was the number of your weekend?		
I have attended a Day of Deeper Understanding. <input type="radio"/> Yes <input type="radio"/> No		
I am aware of the full cost of the weekend and understand it is my responsibility to arrange for full payment. <input type="radio"/> Yes <input type="radio"/> No		

SPONSOR SIGNATURE: _____ **Date:** _____

Sponsor's Checklist:	<ul style="list-style-type: none"> • Application is fully complete. • \$30 Application Fee is enclosed. 	<ul style="list-style-type: none"> • Schedule of events and mode of transportation for the weekend have been discussed with the applicant's parents/guardians.
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Mail this application with the \$30 application fee to:

**National Capital Area Chrysalis
CATERPILLAR APPLICATION
C/O Donna Morris
14035 Flagtree Place
Manassas, VA 20112**

APPLICATIONS COORDINATOR/TREASURER USE ONLY

Check #:	\$:	C-
Date Invited:	Date Accepted:	Date Completed: