

Chrysalis C.A.R.E.S.
(Serving the Greater Columbus Ohio Area)
REGISTRATION FORM

Please complete the information below so we can best meet your needs on your Chrysalis weekend. All information will stay completely confidential. Upon completion, return the form to your sponsor.

Name: _____ Preferred Name for Nametag: _____

Address: _____ T-shirt size: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____ Age: _____

Phone: (_____) _____ Email: _____

School you presently attend: _____ Grade: _____ Graduation Year: _____

Parents' names: _____

Parents' address(es): _____

Parents' phone #(s): _____ Parents' Email: _____

Name/denomination of Church you attend: _____ Pastor's name: _____

Church address: _____ City: _____ State: _____ Zip: _____

Church, school, or community activities you are involved in: _____

State briefly why you wish to participate in Chrysalis and what you expect from it: _____

Please list any allergies (medical, food, etc.), medications, special diet, medical problems, etc.: _____

Sponsor's Name: _____

Emergency contacts (if above cannot be reached): _____ Phone: (_____) _____

_____ Phone: (_____) _____

Your signature: _____ Date: _____

In order to be Registered, this Form must be Mailed or Emailed to the Registrar ONLY.

****** (Chrysalis C.A.R.E.S. Weekends are from Saturday 8:00am – Monday 8:00pm) ******

*The Registration Fee \$75.00 which partially offsets the expense of the weekend is due at Check In when you arrive for the weekend. Make the check payable to **CHRYSalis C.A.R.E.S.** The back of this application must be completed by your sponsor before it is submitted. Thank you!*

FOLLOWING TO BE COMPLETED BY PARENT OR GUARDIAN (Required if candidate is under 18)

_____ has my permission to attend the Chrysalis weekend. In the event of an emergency and I/we cannot be reached by telephone, the Chrysalis staff has my permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being.

I also grant permission to Chrysalis C.A.R.E.S. to use photograph(s) for placement on their Web Site, www.chrysaliscares.org or other promotional materials, including social media. I agree I will not receive any compensation for its use.

Signature of Parent/Guardian _____ Phone (_____) _____

INFORMATION TO BE COMPLETED BY SPONSOR

Name of Participant: _____

Sponsor's Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Sponsor's E-Mail Address _____

(All correspondence will be conducted via e-mail to expedite the process and reduce expenses to Chrysalis)

Church you attend: _____

Do you attend regularly? _____ Have you served as a sponsor before? _____

Where did you attend your Emmaus/Chrysalis/Cursillo? _____ Walk/Flight# _____

Are you in a Share Group? _____ Would you like to receive the Chrysalis email updates?

How long have you known your candidate? _____

Why do you think this person would benefit from the Chrysalis weekend? _____

Does your candidate have any physical or mental health concerns that the Spiritual Leader or the Lay Leader should be aware of?

The following are some of your responsibilities as this participant's sponsor. Please read each one and indicate that you understand it (initial, check, etc.).

- To pray and sacrifice for the participant. _____
- To provide transportation for the participant to and from the weekend. _____
- To attend Sponsor's Hour. _____
- To attend weekend events on behalf of your participant. _____
- Secure a MINIMUM of 15 agape letters by Sunday evening of the weekend. _____
- To explain Soul'd Out (formerly Hoots), Gatherings, and Share Groups. _____
- To accompany the participant to the first Gathering/Hoot after the weekend. _____
- To help the participant find a Share Group (contact Chrysalis if you need help). _____
- Maintain minimal contact with your participant during the weekend. _____
- To provide at least one set of Table and/or Bed Time Agape for the Weekend. _____
- Confirm the participant has a free schedule from Saturday 8am – Monday 8pm for their weekend. _____
- To invite parents to Sponsors' Hour & Closing. _____

Please make any additional comments you believe may be helpful. _____

You will receive further information concerning your responsibilities by email and a reference form to complete when this form has been received. Sponsoring a person to Chrysalis is a wonderful act of love!

Please scan and email completed form to ChrysalisCares@gmail.com

PLEASE FEEL FREE TO MAKE AND DISTRIBUTE COPIES OF THIS FORM!

(revised 4/2023)