

RAINBOW'S END CHRYSALIS COMMUNITY
REQUEST FOR RESERVATION

Applicant Information

Last Name _____ First Name _____ MI _____
Name you wish to appear on name tag _____ Male _____ Female _____
Address _____ Phone _____
City _____ State _____ Zip _____
Age _____ Birth Date _____ School Now Attending _____ Current/Completed Grade _____
School Activities _____
Parent/Guardian Name(s) _____
Name of another close relative _____
Address _____ Phone _____
City _____ State _____ Zip _____
Name of a Close Friend _____
Address _____ Phone _____
City _____ State _____ Zip _____
Applicant's Signature _____ Date _____

Preparatory Questions

Has the Chrysalis Walk been explained to you? _____ Have the follow-up gatherings been explained to you? _____
State briefly why you wish to participate in Chrysalis and what you expect from it: _____

Have either of your parents been on a Walk to Emmaus? _____ If yes, their name(s) _____

Sponsor's Information

If a youth is sponsoring, an adult needs to co-sponsor.

Sponsor's Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
Walk to Emmaus, Chrysalis (or equivalent) attended (Number, date and location) _____

Sponsor: Please ensure this application is filled out completely (FRONT AND BACK) and that a check or money order in the amount of \$115.00 made payable to RAINBOW'S END CHRYSALIS is enclosed. Reservations will be made in the order that completed applications are received, or postmarked if they are mailed. No reservations will be held without full payment and a completed application. Partial Scholarships are available. Call Cathy Hoggard at the phone number below if a scholarship is needed. Mail completed applications with full payment to:

CATHY Z. HOGGARD
60 TWIN OAKS CIRCLE
ODESSA, TX 79762-7163
(915) 550-6496

Pastoral Information

Pastor's Endorsement. I know this applicant, and I recommend his/her participation in Chrysalis.

Name and Denomination of Church _____

Pastor's Name _____ Campus Minister _____

Church or Community Activities _____

Pastor's/Minister's Signature _____ Date _____ Phone _____

Medical & Parental Information (Applicants under 18 must have Parent/Guardian Signature)

Personal Physician's Name _____ Phone _____

Please list all allergies, medications being taken, medical problems, special diet, or other pertinent information (i.e. health limitations that might affect attendance): _____

If I **cannot** be reached, please call _____ Phone _____

_____ has my permission to attend the Chrysalis weekend. In the event of an emergency and if I cannot be reached by phone, 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. We further do hereby release and discharge Chrysalis, its Board and members from any and all liability from illness, injuries, and damages that may arise out of or resulting from my child's participation in or traveling to or from this event.

Parent/Guardian Signature _____ Date _____ Phone _____

IMPORTANT NOTE REGARDING APPLICANT BEHAVIOR DURING THE WEEKEND

The applicant, their parent(s) or guardian(s) and their sponsor are affirming by their signatures that they expect the applicant to conduct himself or herself in an appropriate manner during this Christ-centered weekend. If, in the judgment of the Lay Director, Spiritual Director, and the Board Representative for the weekend, the applicant exhibits inappropriate behavior which is detrimental to the conduct of the weekend, the sponsor or the parent(s)/guardian(s) of the applicant will be contacted and asked to remove the applicant from the weekend. No refunds will be made if an applicant leaves the weekend.

Applicant Signature _____ Parent/Guardian Signature(s) _____