



**Aldersgate Chrysalis Flight & Journey
Request for Reservation**

To be filled in by the candidate. Please Print.

Submission of this application gives Aldersgate Emmaus/Chrysalis representatives to take and use participants photo in ministry related materials

Name _____ Phone: _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Birthday _____ Age _____

Name Wanted on Nametag _____ Last Grade Completed _____

EMERGENCY CONTACT _____ **Phone:** _____

Organization in which you participate (church, school, community)

Has the Chrysalis weekend been explained to you? Yes No

Please explain any special diet, medication, health problems or physical handicaps that may affect your participation on a Chrysalis weekend

Please indicate why you wish to become involved in Chrysalis and what you expect from this weekend.

I WISH TO ATTEND A FLIGHT (completed 9th grade and will be at least 15) _____ / **JOURNEY** (19 to 24 years) _____

Pastor Signature _____ Printed _____

Church Mailing Address _____

Adult Sponsor Signature (**required**) _____

Sponsor Address _____

Youth Sponsor Signature (**optional**) _____

Youth Sponsor Address _____

All of the above information is required for your proper placement in a Chrysalis weekend. Please fill in all of the banks. Use "none" or N/A where appropriate. Please enclose a **NON REFUNDABLE** DEPOSIT OF \$50.00. This will be applied to the full cost of \$75.00 which offsets the expenses of your weekend.

PLEASE DO NOT SEND CASH. Make check payable to **ALDRSGATE CHRYSALIS.**

THE EMERGENCY PERMISSIONS FORMS MUST BE FILLED OUT, SIGNED, NOTARIZED, & RETURNED WITH THIS FORM IF THE CANDIDATE IS UNDER 18 YEARS OF AGE.

The weekend will be limited to 20 candidates with **COMPLETED APPLICATIONS**

Applicants must be at least 15 years old and in or completed 9th grade.

Deadline for receipt of applications is 10 days prior to the start of the Chrysalis weekend.

Mail to:
Chrysalis Registrar
9510 Cullowhee Court
Orlando, FL 32817