



GOLDEN SPREAD CHRYSALIS COMMUNITY FLIGHT/JOURNEY CANDIDATE APPLICATION

*All candidates must have completed the 9th grade by
the time of the event and be between the ages of 15 and 24.*

Candidate Information: Please print all responses.

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Email _____

School _____

Graduation Year _____ Birthday _____

Gender: Male Female

Preferred Name on Nametag _____

Sponsor Information: Please print all responses.

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Email _____

Walk/Flight _____

Relation to Candidate _____

Candidates: We must have the following for a complete application:

- Your signature.
- Your sponsor's signature.
- Completed medical authorization (with parent/guardian and notary signature if under 18).
- **\$195 application fee. Please make checks payable to Golden Spread Chrysalis Community.**

Candidate Signature _____ Date _____

Church you attend _____ Denomination _____

Pastor or Youth Pastor Signature _____

Sponsors: Your signature below indicates your commitment to the high calling of servant hood. As the sponsor of the candidate listed above, you should:

- Inform your candidate that there should be no outside contact during the weekend, except in emergencies.
- Commit to personally bringing your candidate to the site for send-off
- Begin praying for your candidate.
- Commit to getting your candidate into a reunion group.
- Explain the follow-up meeting.

Sponsor Signature _____ Date _____

Mail completed application with signatures, medical authorization & check or money order to Golden Spread Chrysalis Community Registrar, Cheryl Falke, no later than 3 weeks prior to the desired flight.

Cheryl Falke
 5807 Foxcroft
 Amarillo, Texas 79109
 806-683-2320
cherylfalke@yahoo.com

Golden Spread Chrysalis Community Flight/Journey Application

MEDICAL AUTHORIZATION (required of all participants regardless of age)

Participant's Name: _____

Doctor's Name: _____ Phone: _____

Insurance Provider: _____ Policy #: _____

Date of last tetanus shot: _____ Are there any medications to be taken during the weekend? _____

(If yes, please provide original container, labeled with instructions)

List any medicines: _____

List any allergies: _____

Describe any dietary requirements/preferences (low salt, vegetarian, etc.): _____

Describe any health/physical accommodations that might be needed: _____

FOR PARTICIPANTS 18 AND OLDER: Emergency Contact:

I hereby authorize the administration of any necessary medical treatment and will be responsible for the cost of such treatments.

Signature of adult participant (18 or older): _____ Date: _____

FOR PARTICIPANTS UNDER 18: I am the parent/guardian of _____

I give my permission for the above named person to attend the Chrysalis weekend for which he/she is accepted.

During this time, I may be reached at _____

In case I cannot be reached, please contact _____

I understand that my child will be in the care of Chrysalis adult team members. In case of an emergency, and I cannot be readily contacted, I hereby authorize any medical treatment that may necessary to be administered to my child. I understand and acknowledge that I will be responsible for the cost of such treatment.

Signature of Parent/Guardian: _____ Date: _____

Sign and mail both forms, along with your check to: Cheryl Falke, Chrysalis Registrar • 5807 Foxcroft Amarillo, TX 79109 • 806-683-2320 • email: cherylfalke@yahoo.com