



# 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).
- **\$250 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](mailto: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](mailto:cherylfalke@yahoo.com)