



# Nashville Chrysalis Application & Reservation Request

Please visit us at  
[www.nashvillechrysalis.com](http://www.nashvillechrysalis.com)

## Applicant Information

**You Are A:**  Youth - Ages 15-18 or 10th Grade through 12th Grade **OR**  Young Adult - Ages 18-24 or post High School

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  Female  
 Male

Name as you would like it to appear on Name Tag: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(mm/dd/yy)

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

School Now Attending: \_\_\_\_\_ Current/Completed Year: \_\_\_\_\_

School Activities \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Preparatory Questions

Has the Chrysalis Weekend been explained to you and your Parents/Guardians? \_\_\_\_\_

Have the follow-up gatherings been explained to you? \_\_\_\_\_

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

## Pastoral Information

Name & Denomination of Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Campus Minister: \_\_\_\_\_

Church or Community Activities: \_\_\_\_\_

Pastor's/Minister's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## Statement of Release

Over the course of the Chrysalis Weekend group pictures will be taken as well as some candid shots during dining and break times. By signing this application you acknowledge pictures may be published on the Nashville Chrysalis website. **NO INFORMATION WILL BE SHARED.** If you would prefer not to have your photograph taken please initial.

## Medical & Parental Information

List allergies, medications being taken, medical problems, special diet, or other pertinent information: \_\_\_\_\_

If I **cannot** be reached please call: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the Chrysalis weekend. In the event of an emergency and 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, it's 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: ( ) \_\_\_\_\_

## Completed Applications

Please enclose a deposit of \$25.00. This will be applied toward your contribution of \$75.00 which partially off-sets the expenses for the weekend. The balance is due at the beginning of the weekend. **THE DEPOSIT IS NON-REFUNDABLE UNLESS THERE ARE NO OPENINGS FOR YOU.** Please make Checks payable to NASHVILLE CHRYSALIS. You will be notified of your acceptance and the date, location and time of your weekend. Please notify the registrar immediately if you are unable to attend, others may be on a waiting list. Both sides of this application must be completed to be accepted for a Chrysalis Weekend\*.

*\* You must have an Emmaus/Chrysalis Sponsor. If you do not have one, leave a message at [emails@nashvillechrysalis.com](mailto:emails@nashvillechrysalis.com)*

***Both Sides of this Application Must Be Filled Out \****

**Sponsor Information**

Sponsor's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Church/Denomination: \_\_\_\_\_ Attend Regularly? \_\_\_\_\_  
When and where did you attend Chrysalis, Emmaus or Cursillo? \_\_\_\_\_  
Are you in a Reunion Group? \_\_\_\_\_

**Sponsor's Responsibilities**

Have you fully explained Chrysalis to your applicant? \_\_\_\_\_  
Have you fully explained Chrysalis to his/her parents or guardian? \_\_\_\_\_  
Will you assist your applicant in establishing a Reunion Group or similar support group? \_\_\_\_\_  
Will you pray and sacrifice for your applicant? \_\_\_\_\_  
Will you bring your applicant to Send-Off? \_\_\_\_\_  
Will you attend the Sponsor's Hour, Candlelight, and Closing? \_\_\_\_\_  
Will you bring your applicant to the Follow-up meeting when it is held? \_\_\_\_\_  
Will you bring your applicant to the Chrysalis Hoots/Emmaus Gatherings? \_\_\_\_\_  
If your answer is no to any of the above questions, will you arrange for a person to fulfill your responsibilities in these areas? \_\_\_\_\_

**Special Needs of Applicant**

Does your applicant have the physical and mental health needed to attend this Weekend? \_\_\_\_\_  
Is your applicant under any temporary emotional strain that might indicate that participation should be postponed for a later weekend? \_\_\_\_\_  
Have the parents/guardian of your applicant participated in Emmaus or Chrysalis? \_\_\_\_\_  
Are there any additional circumstances concerning this applicant of which this Chrysalis team should be aware? \_\_\_\_\_

**Sponsor Reminder**

Sponsor, please remember that the Chrysalis Weekend is an intense program of Christian study and spiritual growth. It is NOT a weekend retreat or cure-all. It is good if the applicant is active in church or a campus mainline religious organization, desires an opportunity to grow in Christ and enhance their participation in Church. As a sponsor you also understand that although you may be present during the weekend you are not to be seen by your applicant. If at anytime you have questions regarding your applicant or the Weekend please contact the Chrysalis Board.

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed Applications**

*Please mail this completed application and your \$25.00 Deposit to:*

Nashville Chrysalis Community  
P.O. Box 290132  
Nashville, TN 37229



Make checks Payable to Nashville Chrysalis Community

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