

## Application to Attend a "Chrysalis Flight" Weekend

### TO BE FILLED OUT BY THE CATERPILLAR:

Last Name:		Address:		Home Phone:	
First Name:		City, State, Zip:		Cell Phone:	
Name as you would like it on your nametag:			Email Address:		
Home Church:			Birth Date:		Grade:
Denomination:			Pastor/Youth Director's Name:		
State briefly what you expect from a Chrysalis weekend:					
Has your sponsor explained the Chrysalis Flight to you? <input type="checkbox"/> Yes <input type="checkbox"/> No			Special Diet Needs?		
I desire to grow in Christ by fully participating in the Chrysalis weekend. <input type="checkbox"/> Yes <input type="checkbox"/> No			Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Signature
					Date

### TO BE FILLED OUT BY THE PARENT OR GUARDIAN (If Caterpillar is under the age of 18):

Name:		Email Address:	
Address:		City, State, Zip:	
Home Phone:	Work Phone:	Medications/Allergies:	
I hereby give my permission for the above named person 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 necessary medical care (including anesthesia) for my child's well-being.			
		Signature	Date

### TO BE FILLED OUT BY CATERPILLAR'S SPONSOR:

Name:		Years known Caterpillar:	Email Address:
Address:		City, State, Zip:	
Phone:	Home Church:	Signature	

### TO BE FILLED OUT BY CATERPILLAR'S ADULT CO-SPONSOR IF SPONSOR IS UNDER 18

Name:		Years known Caterpillar:	Email Address:
Address:		City, State, Zip:	
Phone:	Home Church:	Signature	

### TO BE FILLED OUT BY CATERPILLAR'S PASTOR/YOUTH DIRECTOR:

*NOTE: This part must be completed and signed before the application will be accepted.*

Name:		Church:	
Address:		City, State, Zip:	
Email Address:		Work Phone:	
How long have you known the candidate?		Caterpillar is an active member/participant of the church I serve and is spiritually ready to attend a Chrysalis weekend. I have <input type="checkbox"/> have not <input type="checkbox"/> been on a Walk to Emmaus/Cursillo	
If not, explain:		Signature:	Date:

*Sponsors: Please be sure to submit the \$50.00 fee for each pilgrim via check or PayPal. Scholarships are generally available but must be requested in advance.*

<input type="checkbox"/> I am enclosing a check to cover the flight fee.		<b>Mail To:</b> OTWTE Walk Registrar, PO Box 30556, Portland, OR 97294. If you are including a check please note, on the check, the name of the person that is being paid for.	
<input type="checkbox"/> I am enclosing an additional amount to support scholarships.			
<input type="checkbox"/> I have paid the fee/scholarship for the walk via PayPal.			
<input type="checkbox"/> I am unable to pay \$50.00 but am enclosing			
		<input type="checkbox"/> I am unable to pay. I am requesting a \$50.00 scholarship.	