



# MISSOURI EAST CHRYSALIS RESERVATION REQUEST

## Ages 19-24

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TO BE COMPLETED BY THE PARTICIPANT (Please type or print)

Name \_\_\_\_\_ Name for Name Tag \_\_\_\_\_

Home address \_\_\_\_\_

Home e-mail \_\_\_\_\_

School/other address \_\_\_\_\_

School/other e-mail \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ School/other phone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex M F Occupation \_\_\_\_\_ Number of years of education completed \_\_\_\_\_

Marital Status \_\_\_\_\_ If married, has your spouse participated on a weekend: \_\_\_\_\_

Church now attending \_\_\_\_\_ Pastor \_\_\_\_\_

Religious and Community Organizations \_\_\_\_\_

Has the Chrysalis weekend been explained to you? Y N

Have the follow up programs of group reunions and hoots been explained to you? Y N

Briefly state why you wish to participate in Chrysalis and what you expect from it.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you on a special diet? \_\_\_\_\_ If so, what? \_\_\_\_\_

**List any allergies or medical conditions:** \_\_\_\_\_

Are you on medication? \_\_\_\_\_ If so, what? \_\_\_\_\_

Sponsor's Name \_\_\_\_\_ Sponsor's home phone(\_\_\_\_) \_\_\_\_\_

Sponsor's school phone\_(\_\_\_\_) \_\_\_\_\_

Please enclose a pre-registration deposit of \$25.00. This deposit is not refundable. Make check payable to the Missouri East Chrysalis. You will be notified of your acceptance and the dates and location of your weekend. The cost of the weekend is \$50.00. (less deposit) and is due at the time of registration on the weekend.

**IMPORTANT:** PLEASE NOTIFY US **IMMEDIATELY** IF YOU CANNOT COME, as there is a waiting list for each weekend.

Participant's signature \_\_\_\_\_ Today's date \_\_\_\_\_

**Send completed Application and Registration fee to:**

Missouri East Chrysalis Registrar

P O Box 27

St. Peters, MO 63376

EMAIL: [moeregistrar@moechrysalis.org](mailto:moeregistrar@moechrysalis.org)

# Emergency Information for Participants Missouri East Chrysalis



Name \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Birth Date \_\_\_\_\_

### Please Check if Applicable

( ) Allergic to \_\_\_\_\_

( ) Special Diet \_\_\_\_\_

( ) Special medical needs \_\_\_\_\_

( ) Need reminder to take medications at a certain time \_\_\_\_\_

( ) Other \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Pre-Certification / Authorization Phone # \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### ***IN CASE OF EMERGENCY PLEASE NOTIFY***

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### ***A CONTACT PERSON IN THE ST. LOUIS AREA (if possible)***

Name \_\_\_\_\_ Phone \_\_\_\_\_

**TO BE FILLED IN COMPLETELY BY SPONSOR (PLEASE PRINT)**

Name \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Home address \_\_\_\_\_

Home e-mail \_\_\_\_\_

School/Other Address \_\_\_\_\_

School / Other E-mail \_\_\_\_\_

Work phone \_\_\_\_\_ Church now attending \_\_\_\_\_

In which weekend did you originally participate? (circle one) Chrysalis Flight, Journey, Flourney, Emmaus or Cursillo

Other three day program (specify) \_\_\_\_\_

When and where did you participate as a butterfly/pilgrim \_\_\_\_\_

Are you now in a Reunion Group? \_\_\_\_\_ Are you praying & sacrificing for your participant? \_\_\_\_\_

How long have you known your participant? \_\_\_\_\_

Why do you feel that this person would be a good participant? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you able and willing to assist your participant in joining a Reunion Group \_\_\_\_\_

I have discussed Chrysalis with my participant's family (circle appropriate answer). Parents Guardians Spouse

Will you bring your participant to the Chrysalis site? \_\_\_\_\_ (If not, you must make arrangement for someone else to bring him/her.)

Will you attend: Sponsors' Parents' Hour \_\_\_\_\_ Candlelight \_\_\_\_\_ Closing \_\_\_\_\_

Will you encourage your participant's parents/ guardians/spouse to attend Parents' Hour \_\_\_\_\_ Closing \_\_\_\_\_

Have you explained Reunion Groups \_\_\_\_\_ IGNITE \_\_\_\_\_

Are you aware of the importance of minimal contact with your participant during the weekend? \_\_\_\_\_

Does your participant have the physical and mental health for a Chrysalis weekend? \_\_\_\_\_

Is your participant under any temporary emotional strain that might indicate his/her weekend should be postponed? \_\_\_\_\_

If your participant is married, can you care for the needs of his/her spouse over the weekend? \_\_\_\_\_

If your participant is married and his/her spouse has not participated in a weekend, do you understand that both their applications must be submitted together? \_\_\_\_\_ If both have not participated and only one application is being submitted, do you understand a letter of explanation must be enclosed with this application? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sponsor's

Signature Date