

**FINDLAY AREA CHRYSALIS  
REGISTRATION FORM**

Please complete the information below so we can best meet your needs on your Chrysalis weekend. All information will be kept confidential. Upon completion, return the form to your sponsor.

Name: \_\_\_\_\_ Name for Nametag: \_\_\_\_\_  
Address: \_\_\_\_\_ T-shirt size (circle): M L XL XXL (Add \$10)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_ Year of High School Graduation: \_\_\_\_\_  
School you presently attend: \_\_\_\_\_  
Parents' names and address (es): \_\_\_\_\_

Name/denomination of Church you attend: \_\_\_\_\_ Pastor's name: \_\_\_\_\_  
Church address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Church Phone: \_\_\_\_\_  
Church or community activities you are involved in: \_\_\_\_\_  
School activities you are involved in: \_\_\_\_\_  
Has the Chrysalis weekend been explained to you? \_\_\_\_\_ The follow-up activities? \_\_\_\_\_  
State briefly why you wish to participate in Chrysalis and what you expect from it: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_  
Your signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Emergency contact (if above cannot be reached): \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_  
Sponsor's E-mail \_\_\_\_\_

Please list any allergies (medical, food, etc.) medications, special diet, medical problems, etc.: \_\_\_\_\_

*Please enclose \$15.00 as a **non-refundable** deposit, to be applied toward the \$65.00 registration fee which partially offsets the expense of the weekend. Add an additional \$10.00 if a t-shirt is requested. Make check payable to **FINDLAY AREA CHRYSALIS**. The back of this application must be completed by your sponsor before it is submitted. Thank you!*

**FOLLOWING TO BE COMPLETED BY PARENT OR GUARDIAN (if candidate is under 18)**

\_\_\_\_\_ has my permission to attend the Chrysalis weekend. In the event of an emergency and I/we cannot be reached by telephone, 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.

Signature of Parent/Guardian \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**UPCOMING WEEKENDS (check preference)**

**Girls'/ Young Women**

- \_\_\_ Girl's #31 – July 18-20, 2008
- \_\_\_ Girl's #32 – January 16-18, 2009
- \_\_\_ Girl's #33 – June 19-21, 2009

**Boys'/Young Men**

- \_\_\_ Boy's #31 – July 25-27, 2008
- \_\_\_ Boy's #32 – February 20-22, 2009
- \_\_\_ Boy's #33 – July 17-19, 2009

**INFORMATION TO BE COMPLETED BY SPONSOR**

Name of Caterpillar: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Sponsor's E-Mail Address \_\_\_\_\_

(Most correspondence will be conducted via e-mail to reduce expenses to Chrysalis)

Church/denomination you attend: \_\_\_\_\_

Do you attend regularly? \_\_\_\_\_ Have you served as a sponsor before? \_\_\_\_\_

Where did you attend your Emmaus/Chrysalis/Cursillo? \_\_\_\_\_ When? \_\_\_\_\_

Are you in a Share Group? \_\_\_\_\_ Are you receiving the Findlay Chrysalis Newsletter? \_\_\_\_\_

How long have you known the Butterfly? \_\_\_\_\_

Why do you think this person would benefit from the Chrysalis weekend? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the Butterfly have any physical or mental health concerns that the Spiritual Director or the Lay Director should be aware of?

\_\_\_\_\_

\_\_\_\_\_

The following are some of your responsibilities as this Butterfly's sponsor. Please read each one and indicate that you understand it (initial, check, etc.).

- To pray and sacrifice for the Butterfly. \_\_\_\_\_
- To provide, or personally arrange for, transportation for the Butterfly to and from the weekend. \_\_\_\_\_
- To attend Sponsor's Hour (or to inform the Spiritual Director that you cannot). \_\_\_\_\_
- To attend Closing, etc. \_\_\_\_\_
- To explain Hoots and Share Groups. \_\_\_\_\_
- To help the Butterfly find a Share Group (Community Reps also help with this). \_\_\_\_\_

Also, please be aware of the importance of minimal contact with your Butterfly during the weekend.

Please make any additional comments you believe may be helpful. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You will receive further information concerning your responsibilities and a reference form to complete when this form has been received. Sponsoring a person to Chrysalis is a wonderful act of love!

**Please send completed form (with deposit) to:**

**Boy's Community Registrar:**

Paul Iles  
621 Liberty Street  
Findlay, OH 45840  
(419) 422-6883  
aisles4@sbcglobal.net

**Girl's Community Registrar:**

Stephanie Stull  
1500 McPherson Blvd.  
Fremont, OH 43420-2717  
(419) 334-3516  
stephaniestull@hotmail.com

Or

Findlay Area Chrysalis

St. Andrew's United Methodist Church \* 120 W. Sandusky St. \* Findlay, OH 45840 \* (419) 422-4845

**PLEASE FEEL FREE TO MAKE AND DISTRIBUTE COPIES OF THIS FORM!**