



# CHRYSLIS LEXINGTON EMMAUS COMMUNITY REQUEST FOR RESERVATION

PLEASE INDICATE CHOICE

Boy's Flight (date) \_\_\_\_\_ Girl's Flight (date) \_\_\_\_\_

The *Chrysalis* is a three-day experience of renewal, learning and sharing in an atmosphere of Christian community. It is designed for those from sophomore in high school and at least 15 years old through sophomore in college but no more than 20 years old. A chrysalis is a cocoon state of a butterfly. The symbol: caterpillar -- *CHRYSLIS* -- butterfly is thus used to represent the death, resurrection and new life found in Christ. It is the intention of *CHRYSLIS* to encourage each young person to experience this new life in Christ, "emerging" into a more beautiful and true self through worship, scripture, systematic teaching and living in the Christian community, to the end that we all might live out our faith in God through Christ by the power of the Holy Spirit.

**To insure your reservation we require a \$30.00 non-refundable registration deposit.  
Return this completed form and your deposit to your Sponsor**

### TO BE FILLED OUT BY THE CANDIDATE

NAME \_\_\_\_\_ PREFERRED NAME (for name tag) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE (\_\_\_\_) \_\_\_\_\_  
SEX (circle 1): MALE FEMALE DATE OF BIRTH: \_\_\_\_\_ GRADE in SCHOOL \_\_\_\_\_  
SCHOOL \_\_\_\_\_ EMPLOYER (if working) \_\_\_\_\_  
WORK PHONE (\_\_\_\_) \_\_\_\_\_  
CHURCH AND DENOMINATION \_\_\_\_\_  
PASTOR'S NAME \_\_\_\_\_ CHURCH PHONE (\_\_\_\_) \_\_\_\_\_  
What other Christian or community organization are you now active in?  
\_\_\_\_\_  
\_\_\_\_\_

Has the *Chrysalis* been explained to you? \_\_\_\_\_ Has the follow-up program of group reunions and gatherings been explained to you? \_\_\_\_\_ Are you on a special diet? \_\_\_\_\_ Are you on special medication? \_\_\_\_\_ Do you have any health problems or physical handicaps which may affect your participation in the *Chrysalis* Weekend? \_\_\_\_\_ (Please use the comment section below to explain any "YES" answers to the last three questions.)

State briefly why you wish to be involved in the *Chrysalis* Weekend and what you expect to receive from it. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition to your pastor who is listed above, please add the name(s) of a youth counselor or teacher who knows you well.

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

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

All of the above information is necessary for your proper placement in *Chrysalis*. Please fill in all the blanks. The cost of the weekend is \$100.00 per person. We require a \$30.00 registration fee (nonrefundable) which should be given to your sponsor along with your completed application. The remaining amount will be collected at the Registrar's table upon your arrival. Please make checks payable to LEXINGTON EMMAUS COMMUNITY. A limited number of partial scholarships are available if requested early in the application process. This form is an application and its submittal does not guarantee acceptance. You may be placed on a waiting list since there are a limited number of spaces available on each weekend. Early applicants will be notified of acceptance by letter several weeks prior to the *Chrysalis*. Late applications will be processed as quickly as possible.

Sponsor's Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

ADDITIONAL COMMENTS

**TO BE FILLED OUT BY THE SPONSOR**

(Please fill in all sections and blanks!)

Candidate's Name \_\_\_\_\_

Your Name \_\_\_\_\_ Address \_\_\_\_\_

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

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Name and Denomination of church now attending \_\_\_\_\_

Do you attend regularly? \_\_\_\_\_ Where was your *Walk to Emmaus/Cursillo*? \_\_\_\_\_

When? \_\_\_\_\_ *Emmaus/Cursillo* # \_\_\_\_\_ Reunion Group (y/n) \_\_\_\_\_

Group? \_\_\_\_\_ Meeting Date/Time? \_\_\_\_\_ Location? \_\_\_\_\_

How many candidates have you sponsored this year? \_\_\_\_\_

Are you praying for the candidate? \_\_\_\_\_ Have you signed up for the Prayer Vigil? \_\_\_\_\_

Will you clear your weekend and attend the community events? \_\_\_\_\_

Are you serving and sacrificing for your candidate's weekend? \_\_\_\_\_

Agape? \_\_\_\_\_ Kitchen? \_\_\_\_\_ Team? \_\_\_\_\_ Other? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Does the candidate have the physical and mental health needed for a *Chrysalis* weekend? \_\_\_\_\_

Is the candidate under any temporary emotional or physical strain that might indicate her/his weekend should be postponed? \_\_\_\_\_

Are you able and willing to assist the candidate get into a reunion group? \_\_\_\_\_

Have you explained the gathering? \_\_\_\_\_ Will you accompany the candidate? \_\_\_\_\_

Are you aware of the importance of minimal contact with your candidate during the weekend, especially if the candidate is your son or daughter? \_\_\_\_\_

It is the responsibility of the sponsor to ask the candidate's pastor/youth counselor/teacher to complete and return the reference information form. The Emmaus/Chrysalis leaders will keep this information in strict confidence, but it is important that it be received to complete the application process. When you deliver this form, include a stamped envelope address as shown below. Encourage the reference person to complete it and mail it within three days. Check back after three days to make sure the form has been mailed. Make sure you fill out the "name" and "date" section of the form. Thank you.

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

Mail to: Lexington Emmaus Community  
Attn: Registrar  
P.O. Box 23554  
Lexington, KY 40523-3554

<b>FOR OFFICE USE:</b>			
<b>DATE REC'D</b>	<b>AMT REC'D</b>	<b>CHECK NO.</b>	<b>NAME ON CHECK</b>
_____	_____	_____	_____
<b>SCH SENT</b>	<b>DATE REC'D</b>		<b>ROLL TO FLIGHT #</b>
_____	_____		_____



**CHRYSALIS  
LEXINGTON EMMAUS COMMUNITY  
REQUEST FOR RESERVATION**

**REFERENCE FORM**

(Name) \_\_\_\_\_ has applied to attend a *Chrysalis* Weekend to be held in the Lexington Area (Dates) \_\_\_\_\_ . The *Chrysalis* is a youth version of the Walk to Emmaus. *Chrysalis* is a three-day spiritual renewal retreat that provides participants an opportunity to learn more about faith, to experience Christian love and support, and a chance to make new commitments in their faith journey. The content of the three days focuses on God's grace, how one experiences Christ as friend in the body of Christ, and how one is called into discipleship, giving love to a needful world. *Chrysalis* is for young men and women who are from sophomore in high school and at least 15 years old through sophomore in college but no more than 20 years old.

You have been requested by the youth named above to serve as a "reference" for the application process. Your honest answers and observations related to the categories listed below will greatly assist the leaders of the weekend to make it the very best possible experience for each candidate. Your answers will be held in strict confidence. Thank you for your interest in the candidate's spiritual development and for taking time to complete this form. Please mail it in the envelope provided within three days.

PLEASE CIRCLE THE APPROPRIATE ADJECTIVE AND COMMENT AS NECESSARY

MATURITY:            Immature            Average            Mature            Very Mature

COMMENTS

EXERCISE OF LEADERSHIP:            None            Poor            Good            Excellent

COMMENTS

AREA OF LEADERSHIP:    Church    School    Athletic    Social    Student    Gov't    Drama    Musical    Other

COMMENTS

PSYCHOLOGICAL ADJUSTMENT            Poor            Average            Good            Excellent

COMMENTS

RELATIONSHIP TO PEERS:            Quiet            Reticent            Talkative            Domineering            Well-Liked

COMMENTS

On a separate sheet please furnish any additional comments that you feel could help the team to understand and deal sympathetically with the candidate. Comments about the student's home life, personality, attitude toward life, maturity of faith, or any other significant information, might be of great help in placing the candidate where he or she might best benefit from the weekend.

Name of person filling out this form: \_\_\_\_\_

How long have you known the candidate? \_\_\_\_\_ In what capacity have you known the candidate? \_\_\_\_\_

Once again, please return this form in the envelope within three days. The Emmaus leaders will keep this information in STRICT CONFIDENCE. Mail this completed form to:

Lexington Emmaus Community  
Attn: Registrar  
P.O. Box 23554  
Lexington, KY 40523-3554

**THANK YOU!**

Board Approved June 2004