

Central Mississippi Chrysalis
Sponsor's Sheet



Candidate's Name: _____ Street Address: _____
City, State: _____ Zip: _____ Phone: _____
Email address: _____

Adult Sponsor's Name: _____
Street Address: _____
City, State: _____ Zip: _____ Phone: _____
Email address: _____

Name/Denomination of Sponsor's Church: _____
Where did you make your Flight/Walk? _____ When? _____
Are you now in a Chrysalis/ Emmaus reunion group? _____
How many candidates have you sponsored in the last year? _____

Co-Sponsor's Name: _____
Street Address: _____
City, State: _____ Zip: _____ Phone: _____
Co-Sponsor email address: _____

Name/Denomination of Co-Sponsor's Church: _____
Where did you make your Flight/Walk? _____ When? _____
Are you now in a Chrysalis/ Emmaus reunion group? _____
How many candidates have you sponsored in the last year? _____

Are you praying for and sacrificing for your candidate? _____ Why do you feel this person would be a good candidate for Chrysalis?

Does the candidate have the physical and mental health needed for a Chrysalis weekend? _____
Is the Candidate under any temporary emotional strain that might indicate his/her weekend should be postponed? _____
Are you aware of the importance of minimal contact with your candidate during the weekend? _____

Are you able and willing to assist the candidate to get into a reunion group? _____
Have you explained the post-weekend Community Gathering to the candidate? _____
Are you able to carry the candidate to the Chrysalis site? _____
Will you attend Sponsor's Hour? _____ Candlelight? _____ Closing? _____
Community Gathering? _____

(Only members of the Emmaus and Chrysalis community can attend the above listed events. Parents are able to attend the Chrysalis closing – no cameras.)

Does your candidate need any scholarship assistance? _____ If so, you are asked to contact the candidates church or community for help first. If financial assistance is still needed, please email the address below and give details.

Return this Sponsor's Sheet with Candidate's Request for Reservations and \$25 Deposit to be applied to the total fee of \$175.00

Completed packets (two forms) will be given first priority. Incomplete packets will be added to the waiting list until the packet is complete.

Complete this form and return it as soon as possible to:

Jackie Finley
42 Riverview Ln
Cleveland, MS 38732

If you have any questions, please contact Jackie at 662-721-5480 or cmschrysalis@yahoo.com