CENTRAL MISSISSIPPI CHRYSALIS CATERPILLAR APPLICATION

	or print) T-Shirt Size
Name:	Date of Application:
Street Address:	-
City, State:	Zip: Phone:
Email address (Acceptance to weekend wi	Il be sent to this email) Birthdate: Rising Grade:
School You Attend	
Pastor's Name:	
Church and Community Organizations:	
Sponsor's Name:	Sponsor Phone Number
Sponsor's Email:	
Has Chrysalis been explained to you?	Has the Follow-up program of Group Reunions
	State briefly why you wish to participate in Chrysalis
Youth Signature:	
event of an emergency and if I cannot be	as my permission to attend the Chrysalis weekend. In the reached by phone, the Chrysalis staff has my permission to sionals to provide necessary care, including anesthesia, for
Signature of Parent/ Guardian	Phone
If above cannot be reached, please call	
Phone Please list any medical allergies, medications being taken, medical problems, special diet, or other pertinent information	
and long pants.	sweat shirts, walking shorts, capris, sweat pants, lounge pants
showing. All of the above information is necessary for Please enclose a pre-registration deposit of the deposit is not refundable unless we have	For proper placement in a Chrysalis Weekend. Fill in all blanks. of \$25. This will be applied toward your contribution of \$175. ave no opening for you. Make your check payable to Central fied as to your acceptance and the dates of your Chrysalis

Return this form and deposit to your Sponsor. Completed packets will be given first priority! This application, Sponsor Form and \$25 deposit should then be mailed to: Jackie Finley, 42 Riverview Ln, Cleveland, MS 38732

*** IMPORTANT: Please notify us immediately if you cannot attend, as there may be a waiting list.