



**CANDIDATE INFORMATION** (All fields required - Please type or print legibly)

Name: \_\_\_\_\_ Sex: M/F Age/Grade: \_\_\_\_/\_\_\_\_ Birth MM/YY: \_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Candidate Phone: (\_\_\_\_) \_\_\_\_\_ Candidate E-Mail: \_\_\_\_\_

School You Attend: \_\_\_\_\_ Church You Attend: \_\_\_\_\_

Pastor/Youth Pastor/Small Group Leader: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Religious/Community Organizations (if none please write "none"): \_\_\_\_\_

Has Chrysalis been explained to you? (circle one) Y / N      The follow-up program? (circle one) Y / N

**CANDIDATE STATEMENT** (State briefly why you wish to participate in Chrysalis and what you expect)

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

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**REQUIRED SIGNATURES/SPONSOR INFORMATION**

I acknowledge this is a 72 hour event and that if I am unable to participate for the entire weekend experience for any reason I understand my application to participate will be moved to the next available flight dates.

\_\_\_\_\_  
CANDIDATE PRINT      CANDIDATE SIGN      DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
SPONSOR PRINT      SPONSOR SIGN      (\_\_\_\_) \_\_\_\_\_  
PHONE

\_\_\_\_\_  
CO-SPONSOR PRINT      CO-SOPONSOR SIGN      (\_\_\_\_) \_\_\_\_\_  
(MUST BE AN ADULT IF SPONSOR IS A MINOR)      PHONE

\_\_\_\_\_  
SPONSOR ADDRESS      CITY/ST/ZIP      EMAIL

*This is an application to participate in a Chrysalis weekend experience. Filling out this application does not guarantee acceptance. Upon acceptance you will be notified of the dates of your weekend. Please notify us IMMEDIATELY if you cannot attend since there may be a waiting list.*

**PLEASE MAIL TO: Chrysalis Registrar, PO Box 8143, Lancaster, CA 93539-8143**  
**EMAIL: ccregistrarhdew@gmail.com • www.hdchrysalis.org**