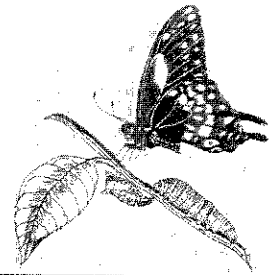


# West Ohio Chrysalis Registration Form

Youth Walk to Emmaus  
Greene Street United Methodist Church  
Piqua, Ohio  
(Ages \*15-24)

(\*Youth must be at least 15 before school year begins)



Male		Female	
_____ #45	February 16-18, 2008	_____ #45	January 19-21, 2008
_____ #46	July 25-27, 2008	_____ #46	July 11-13, 2008
_____ #47	February 14-16, 2009	_____ #47	January 17-19, 2009
_____ #48	July 31-August 2, 2009	_____ #48	July 10-12, 2009

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

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

Name wished on Tag \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

EMAIL Address \_\_\_\_\_ Year of High School Graduation \_\_\_\_\_

T-shirt size \_\_\_\_\_ Parent's Names \_\_\_\_\_

Name & Denomination of Church you attend \_\_\_\_\_

Church Address \_\_\_\_\_

Pastor's Name \_\_\_\_\_ School you attend \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Religious or Community Organizations \_\_\_\_\_

School Activities \_\_\_\_\_

Has the Chrysalis Weekend been explained to you? \_\_\_\_\_ The follow-up? \_\_\_\_\_. State briefly why you wish to participate in Chrysalis and what you expect from it. \_\_\_\_\_

Please list any medical allergies, medications being taken, special diets, medical problems or other pertinent information. \_\_\_\_\_

Sponsor's Name \_\_\_\_\_

Youth's Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by parent or guardian (if applicant is under 18 years of age).**  
\_\_\_\_\_ has my permission to attend the Chrysalis weekend. In the event of an emergency and if we cannot be reached by phone, the Chrysalis staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia for my child's well-being.  
**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
Please check if either parent has attended a Walk to Emmaus/Circillio or Chrysalis weekend \_\_\_\_\_  
**IF ABOVE CANNOT BE REACHED, CALL** \_\_\_\_\_ **PHONE** \_\_\_\_\_

Please enclose a \$15 pre-registration deposit to be applied toward your contribution of \$65 which partially offsets the expenses of your walk. The deposit is non refundable. Make check payable to West Ohio Chrysalis. You will be notified of your acceptance and the dates of your walk.

INFORMATION TO BE COMPLETED BY SPONSOR

Please complete this form and return with at \$15 deposit to:

West Ohio Chrysalis  
Greene Street United Methodist Church  
415 W. Greene Street  
Piqua, Ohio 45356  
(937) 773-5313  
FAX (937) 773-5397  
grstch@wesnet.com

Name of Applicant \_\_\_\_\_

Sponsor's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

Name/Denomination of your church \_\_\_\_\_ Attend Regularly? \_\_\_\_\_

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

Are You in a Reunion/Sharing Group? \_\_\_\_\_ Do you get the Newsletter? \_\_\_\_\_

Have you served as a sponsor before? \_\_\_\_\_ Are you willing to pray & sacrifice for your Butterfly? \_\_\_\_\_

How long have you known the Butterfly? \_\_\_\_\_ Why do you think this person would benefit from a Chrysalis

Weekend? \_\_\_\_\_

Does your applicant have physical or mental health concerns that should be brought to the attention of the Spiritual Director?

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

Will you bring your Butterfly to the Chrysalis Weekend? \_\_\_\_\_ Will you take your Butterfly home? \_\_\_\_\_

Will you attend the Sponsor's Hour? \_\_\_\_\_ Candlelight? \_\_\_\_\_ Closing? \_\_\_\_\_

Have you explained the Hoots/Gatherings & Reunion Groups? \_\_\_\_\_

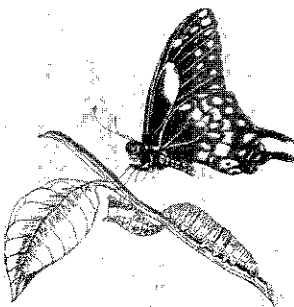
Will you accompany the Butterfly to the Hoots/Gatherings & Reunion Groups? \_\_\_\_\_

Are you aware of the importance of minimal contact with the Butterfly during the weekend? \_\_\_\_\_

Do you understand the responsibility of assisting the Butterfly in finding a sharing group? \_\_\_\_\_

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

Revised 1/07



West Ohio Chrysalis Weekends are held in Piqua, Ohio at Greene Street United Methodist Church. For more information phone 937-773-5313 or email to [westohiochrysalis@sbcglobal.net](mailto:westohiochrysalis@sbcglobal.net). Visit the web site at [www.westohiochrysalis.com](http://www.westohiochrysalis.com).