



Pathway East Georgia Chrysalis

Pathway East Georgia Flight Application



2011 PATHWAY EAST GEORGIA CHRYSALIS WEEKEND DATES

Boy's #7 (January 18-January 20, 2014) Martin Luther King Weekend Girl's #10

APPLICANT INFORMATION – TO BE COMPLETED BY THE APPLICANT

This is only an application. Notification of your enrollment for the weekend will be made by mail. After you have completed your part of this application, please give it to your sponsor. All information will be kept confidential. **INCOMPLETE APPLICATIONS WILL BE RETURNED. PLEASE PRINT CLEARLY:**

Applicant Name: _____ Preferred Name: _____

Male Female Age: _____ T-Shirt Size: S M L XL XXL XXXL (circle one)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Applicant Cell Phone: _____ Parent Cell Phone: _____

Applicant Email Address: _____

Church Name: _____ Pastor's Name: _____

Grade: _____ (Caterpillars must be enrolled in 10th grade or higher) School: _____

Do you have any health issues or allergies? Yes No If yes, please explain (include severity of allergy):

Do you have special dietary needs? Yes No If yes, please explain: _____

Are you taking medication? Yes No If yes, please list the name of the medication, the amount you take and the time it is taken:

Applicant's Signature: _____ Date: _____

SPONSOR INFORMATION – TO BE COMPLETED BY THE SPONSOR

Sponsor Name: _____ Cell Phone: _____ Home Phone: _____

Email Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Church Sponsor Attends: _____ Relationship to Applicant: _____

What Walk/Flight did you attend? _____ Location: _____ Date: _____

Have you explained Chrysalis to the candidate and the parent? Yes No

Will you personally bring the applicant to camp? Yes No

Will you pray for your applicant? Yes No

If you answered no to any of the above questions, will you arrange another person to fulfill these responsibilities? Yes No

Why are you recommending this applicant to attend Chrysalis? _____

"As sponsor, I say 'Yes to Christ' and will fulfill my responsibilities in such a way that His grace and love are revealed to this applicant through my Christian action."

Sponsor's Signature: _____ Date: _____

Pastor's Signature: _____ Date: _____

COSPONSOR INFORMATION – TO BE COMPLETED IF THE SPONSOR IS UNDER 18

Cosponsor Name: _____ Cell Phone: _____ Home Phone: _____

Email Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Church Cosponsor Attends: _____ Relationship to Applicant: _____

What Walk/Flight did you attend? _____ Location: _____ Date: _____

ADDITIONAL INFORMATION FOR SPONSORS

Cost of Registration is \$85.00

\$85.00 Registration Fee enclosed

Cancellation prior to 2 weeks before the Flight: \$60.00 refund of Fee with a \$25.00

Registration Processing Fee

Cancellation within 2 weeks of the Flight Dates: Fee is non-refundable

However, fee may be applied to a future Pathway East Flight upon request

Please mail this completed form and fee to:

Pathway East Chrysalis Registration

Sara Wilson

3306 Pine Meadow Rd

Atlanta, GA 30327

For Questions regarding Registration: pwechrysalis@gmail.com

Please make checks payable to: Pathway East Georgia Chrysalis



Parental Permission Form

_____ has my permission to attend the Chrysalis weekend. In the event of an emergency and if I cannot be reached by phone, the Chrysalis staff has my permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being and I accept full responsibility for any cost. We further do hereby release and discharge Chrysalis, its Board and members from any and all liability from illness, injuries and damages that may arise out of or resulting from my child's participation in or traveling to and from and at this event.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Alternate Phone: _____