

WNY CHRYSALIS

FLIGHT REGISTRATION INFORMATION – CANDIDATE (Page 1 of 2)

Date of Flight you wish to attend: _____ Reunion Date: _____

Name: _____ Name on Button should read: _____

Home Address: _____

City/State/Zip: _____ Home Phone: _____

Birth Date: _____ Current Grade: _____ School: _____

Email: _____ T-Shirt Size: S ___ M ___ L ___ XL ___

Parent/Guardian Name(s): _____ Phone: (____) _____

Address (if different): _____ City/State/Zip: _____

Best Friend's Name: _____ Phone: (____) _____

Address: _____ City/State/Zip: _____

Church: _____ Pastor's Name: _____

Church Address: _____ City/State/Zip: _____

List school, community, and religious organizations in which you are currently active:

State briefly why you wish to attend a Chrysalis event and what you expect:

Your signature: _____ (Candidate)

TO BE COMPLETED BY PARENT/GUARDIAN:

Does your teen have any health conditions, physical handicaps, allergies, medication or dietary restrictions that need to be brought to the attention of team? Yes / No If yes, please explain:

_____ (candidate name) has permission to attend the Chrysalis Weekend.

In the event of an emergency, the Chrysalis team has permission to secure the services of licensed medical professionals to provide the necessary care for my child's well being.

Parent/Guardian signature: _____ Date: _____

Phone (____) _____. If I/we cannot be reached, please call: Phone (____) _____

Name: _____ Relationship: _____

WNY Chrysalis Registration Information: Sponsor (Page 2 of 2)

Candidate's Name: _____ Sponsor Name: _____

Sponsor Address: _____ City/State/Zip: _____

Phone: (____) _____ Email: _____

Walk/Flight you attended: _____ Are you active in your fourth day? Yes / No

Do you attend a gathering? Yes / No If so, which one? _____

Have you attended a Sponsorship Workshop? Yes / No Led by: _____

How long have you known your candidate?: _____

Explain briefly how you feel this candidate will benefit from attending a Chrysalis weekend:

Are there areas of sensitivity or special conditions you feel might affect the candidate during the weekend:

Have you explained to the candidate about follow-up activities and community involvement? _Yes / No

Have you invited the parents/guardians to send-off and/or closing? Yes / No

Sponsor's signature below represents an understanding of the sponsor's responsibilities and commitment to support the candidate:

Sponsor's signature: _____

Sponsor Mentor signature: _____

Ages for Chrysalis: Mature 14 - 17

Please send both Candidate and Sponsor forms, with \$30 deposit fee (made out to WNY Chrysalis) by registration deadline date to the registrar, Kathy Wessel 2437 Broadway Road, Darien Center, NY 14040 or email below. The balance due of \$80 is required at check-in. Please be aware that completing this form does not guarantee a place on the desired weekend (ie: weekend is full, form not received prior to deadline, information missing, etc). For information regarding registration, please contact Kathy Wessel at 585-547-9221 or wessel.kathy@gmail.com, Please write "Chrysalis Registration" in the subject box of the email.

Fly With Christ!