



Greater Quad -Cities Area Chrysalis Outreach

Chrysalis Weekend Application

Name: _____ Date: _____ Flight #: _____
 Address: _____ Date of Birth: _____ AGE: _____
 City: _____ State: _____ Zip: _____ Applicant **MUST** be at least age 15.
 Phone #: (____) _____ E-mail Address: _____ Year of High School Graduation: _____
 School you presently or will attend: _____
 School activities you are involved in: _____
 Name of church you attend: _____ City: _____ State: _____
 Church or community activities you are involved in: _____
 State briefly why you wish to participate in Chrysalis and what you expect from it: _____
 _____ (use back of page if needed)
 Sponsor(s) Name(s) _____ Phone Number: _____

****** The "Sponsor's Information Form" must be filled out by the sponsor and sent in with this application. ******

SHADED AREA TO BE COMPLETED BY PARENT OR GUARDIAN IF APPLICANT IS UNDER AGE 18!

I/We give permission for my/our youth, _____ to attend and participate in Chrysalis Flight # _____ sponsored by the Quad Cities Chrysalis Community on dates _____ through and including _____.

I/We give my/our permission and consent to the adult members of the Quad Cities Chrysalis and Walk to Emmaus Communities to secure and authorize any emergency medical care and treatment as my/our youth might require, including anesthesia. I/We also agree to pay the entire costs and fees contingent on any emergency medical treatment of my/our youth as secured or authorized under this consent. Unless specifically prohibited as a medical concern listed below, I/we also give permission for my/our youth to receive free of charge any over-the-counter medications on hand that may be needed.

I/We give my/our permission to transport by chartered bus or by a volunteer's vehicle to a distant church site on the Saturday or Sunday evening of the weekend experience, then to return to Camp Milan by same means of transportation.

Signature of Parent or Guardian _____ Date: _____

NOTE: Every effort will be made to notify parents and/or guardians immediately in the event of an emergency. In case of emergency, it would be helpful to have the following information:

Name of Physician: _____ Physician's Phone: _____
 Mother's Name: _____ Mother's Work Phone: _____
 Father's Name: _____ Father's Work Phone: _____
 Other friend or relative that could be contacted: _____ Phone: _____
 Please list any allergies (medical, food, etc.), medications, special diet, medical needs, etc. _____

Please submit this application with a non-refundable deposit of \$15.00. The balance of \$70.00 can be submitted now or upon arrival for the weekend. Make checks payable to "Chrysalis". Your parent or guardian must sign the permission portion of this form. **NO** cell phones, pagers, watches, radios, TV's, CD players, or PC's are allowed on the weekend.

Note: Some "Scholarships" are available. Check here if needed.

Return this application to your sponsor or mail it along with your deposit or weekend fee to: **Chrysalis Outreach**
 c/o Pam Hoogerwerf
 230 North College Avenue
 Geneseo, IL 61254

Phone inquiries to: Pam Hoogerwerf at 309-944-6346
 For more information about Chrysalis, visit www.upperroom.org/Chrysalis/

Chrysalis is a drug free, smoke free, and alcohol free environment for both youth and adults!

Office use only:

Date Received: _____ Amount Paid: _____ Check No. _____