



Chrysalis Application 2024

Applicant First and Last Name:

Gender:

Mailing Address (Street or P.O. Box, City, State, and Zip):

Applicant Phone Number (this will be in the directory for others to contact you):

Can you receive text messages at the above number?

Applicant Email Address:

Age at the time of the weekend:

T-Shirt Size (you will get a shirt to keep):



Parent or Guardian Name(s):

Parent or Guardian Phone Number:

Parent or Guardian Email Address:

Home Church Name AND Location:

Pastor's Name AND Phone Number:

Sponsor's Name AND phone number:

Sponsor's Email Address:

Has your sponsor explained the weekend to you?



Do you have any food or environmental Allergies? If so, please explain.

Do you have medical/physical needs that would require you to be on a bottom bunk during the weekend? If so, please explain below: (Example: I have a Cpap and need a bottom bunk.)

Do you have medical/physical needs that would require you to need a golf cart to get from the Bliss Center to the church during the weekend? If so, please explain below:

What do you hope to gain from your Chrysalis experience?

Applicant Signature: _____

Date: _____

Parent Signature: _____

Date: _____