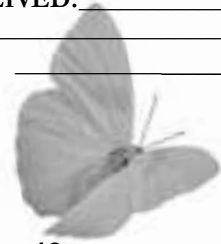




DATE RECEIVED: \_\_\_\_\_  
 DEPOSIT: \_\_\_\_\_  
 CHECK NO: \_\_\_\_\_



**CHRYSLIS**  
**Youth Walk to Emmaus**  
 Hoosier Hills Chrysalis Community  
 Chrysalis is open to High School applicants in grades 10, 11 or 12  
 And the age of 15 through 18

Will the **APPLICANT** please **Print** and **answer all questions** so your needs will be met while you are on the Walk.

NAME: \_\_\_\_\_ NAME TAG: \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 AREA/PHONE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_  
 MALE/FEMALE (circle one) CURRENT GRADE: \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_

Name and denomination of your Church: \_\_\_\_\_  
 Pastor's Name: \_\_\_\_\_  
 Pastor's Address: \_\_\_\_\_  
 What School, Religious, or Community Organizations are you active in? \_\_\_\_\_

Are you on a special diet for medical reasons? (If yes, explain): \_\_\_\_\_  
 Are you on special medication? (If yes, explain): \_\_\_\_\_  
 Do you have any Health or Physical Handicaps that will require special facilities? (Please explain)? \_\_\_\_\_

State briefly why you wish to be involved in Chrysalis and what you expect from it? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I give permission for my child to be medically treated in the event of an accident, injury or illness.

DATED: \_\_\_\_\_ (Please Print)  
 Parent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/St/Zip \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

\_\_\_\_\_  
 (YOUTH SIGNATURE)

\_\_\_\_\_  
 (PARENT'S SIGNATURE)

+++++  
 Please enclose a deposit of \$20 (or the entire amount) to be applied toward the Walk fee of \$100. Make checks payable to HOOSIER HILLS CHRYSLIS COMMUNITY. You will be notified of your acceptance and the dates and location of your walk. If you are unable to go when your name comes up, your name will go back to the top of the list for the next available walk. After declining a walk date twice, your \$20 deposit will be forfeited and you will have to submit a new application.

After completing the above section, please give this form to your SPONSOR from Emmaus or Chrysalis.

Your Sponsor will serve as your link with the Chrysalis Community.

+++++ **PLEASE NOTE AND SIGN AS INDICATED** +++++

SPONSOR – please fill out your information below and get this form to the appropriate person for filling out the back section. Once this form is completed, you are responsible for sending it to the registrar whose address is on the other side of this form!

SPONSORS NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/ST/ZIP: \_\_\_\_\_ AREA/PHONE: \_\_\_\_\_

**This section MUST be filled out by a PASTOR, YOUTH MINISTER, COUNSELOR or SUNDAY SCHOOL TEACHER WHO KNOWS CANDIDATE!** (Please DO NOT have parent or candidate fill out) This section will help us to place the candidate in a group where the candidate will benefit the most. The Chrysalis officials will keep this candidate information in STRICT CONFIDENCE! This section must be completed in order for the applicant to be included on the walk.

Date of Weekend: \_\_\_\_\_ Candidate's Name: \_\_\_\_\_

School and City: \_\_\_\_\_

Your Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Phone (Work): \_\_\_\_\_ How long have you known candidate?: \_\_\_\_\_

How? \_\_\_\_\_

NOTE: PLEASE CIRCLE THE APPROPRIATE ADJECTIVE AND COMMENT AS NECESSARY.

Exercise of Leadership: \_\_\_\_\_ Poor / Average / Good / Excellent  
Comments: \_\_\_\_\_

Maturity: \_\_\_\_\_ Immature / Mature / Very Mature  
Comments: \_\_\_\_\_

Self Esteem: \_\_\_\_\_ Low / Average / High  
Comments: \_\_\_\_\_

Relationships to Peers: \_\_\_\_\_ Liked / Very Well Liked  
Comments: \_\_\_\_\_

Character Trait: \_\_\_\_\_ Introverted / Shy / Quiet / Talkative / Extroverted / Domineering  
Comments: \_\_\_\_\_

Please furnish any additional comments below that could help the team understand and deal more effectively with the needs of the candidate. Comments about the candidate's home life, his/her doubts, difficulties and hopes would be of great help. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN FORM TO: Registrar  
P. O. Box 88  
Clear Creek, Indiana 47426-0088

**THANKS FOR YOUR TIME AND SUPPORT FOR THE CHRYSALIS PROGRAM!!**