



Journey of the Cumberland Application

Last Name _____ First Name _____ MI _____
 Name you wish to appear on your name tag _____ Male ___ Female ___
 Address _____ Phone (____) _____
 City _____ State _____ Zip _____
 E-mail Address _____ (For Chrysalis/Emmaus use only.)
 T-Shirt Size (Circle One) - S M L XL XXL XXXL
 Date of Birth _____ Age _____ School _____ Graduating Class of _____
 School Activities _____
 Applicant's Signature _____ Date: _____

Has the Chrysalis Walk been explained to you? ___ Have follow-up gatherings been explained to you? ___
 State briefly why you wish to participate in Chrysalis and what you expect from it.

Name and Denomination of Church _____ Pastor's Name _____
 Pastor/Minister / Or Campus Minister's Signature _____
 Date _____ Phone (____) _____ Please list Church or Community Activities: _____

MEDICAL AND PARENTAL INFORMATION: ** applicants under 18 must have parent/guardian signature **
 List all medical allergies, medications being taken, medical problems, special diet, or other pertinent information: _____

If parent cannot be reached, please call: _____ @ Phone (____) _____

_____ has my permission to attend the Chrysalis weekend. In the event of an emergency and 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. I do hereby further 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 or from this event.

**** Please note: A group photograph will be taken during the Journey weekend.**
By signing this form, I hereby give my permission for this photograph and personal contact information to be posted to the Emmaus of the Cumberland Web Site. I also give permission for personal contact information to be updated as needed when new information is acquired.

Parent/Guardian's Signature _____ Date _____ Phone (____) _____

MEDICAL COVERAGE

Name coverage is under _____ Carrier _____

Policy/Group Number: _____

SPONSORS: please read this page carefully

All of this information is necessary for the proper placement of your Chrysalis Walk. Please fill in ALL blanks so we can properly assist you. We ask for a \$75.00 contribution to partially offset the costs of material and meals during the weekend payable when you arrive and sign in.

IMPORTANT: Please mail this application to: Chrysalis of the Cumberlands
c/o Darrian Barlow
407 College Street
Livingston, TN. 38570 Phone: 931-397-2706
Email: waterboy@twlakes.net

Sponsor's Name _____
Address _____ City _____ State _____ Zip _____
Home Phone: (____) _____ Work Phone: (____) _____
E-mail address: _____ (For Emmaus/Chrysalis use only.)
Church/Denomination _____ Do you attend regularly? _____
When and where did you attend the Walk to Emmaus, Cursillo, or Chrysalis? _____
Are you in a reunion group? _____ Group Name _____
Group contact person/information: _____

SPONSOR'S RESPONSIBILITY – Please check carefully

Have you fully explained Chrysalis to your applicant? _____
Have you fully explained Chrysalis to his/her parents or guardian? _____
Will you assist your applicant in establishing a Reunion Group or similar support group? _____
Will you PRAY and sacrifice for your applicant? _____
Will you bring your applicant to the Flight Send-Off? _____
Will you attend the Sponsor's Hour, Candlelight and Closing? _____
Will you bring your applicant to the Follow-Up Meeting when it is held? _____
Will you bring your applicant to the Chrysalis Hoot/Emmaus Gathering? _____

If your answer is "No" to any of the above questions, will you be able to arrange for another person to fulfill your responsibilities in these areas? _____

SPECIAL NEEDS OF APPLICANT:

Does your applicant have the physical and mental health needed to attend this Flight? _____
Is your applicant under any temporary emotional strain that might indicate their participation should be postponed for a later Flight? _____
Are there any additional circumstances concerning your applicant of which this team should be aware? If so, please explain: _____

Sponsor, please remember that Chrysalis Flight is an intense program of Christian study and spiritual growth. It is NOT a weekend retreat or cure-all. It is good if the applicant is active in church or a campus mainline religious organization, desires an opportunity to grow in Christ and enhance their participation in Church.

Sponsor's Signature: _____ Date: _____

For those who are interested: a form is available for download on our website that lists suggestions for the sponsor in preparing their applicant for the weekend. It also includes a tear off portion to give your applicant with a list of suggested items for them to bring to the weekend. It is only a suggested list to help new sponsors and applicants become more familiar with what might be needed. It is not required that you stick strictly to the list.