

Findlay Area Chrysalis Registration Form

Please complete the information below so we can best meet your need on your Chrysalis weekend. All information will be kept confidential. Upon completion, return the form to your sponsor.

Name: _____ Name for Nametag: _____
Address: _____ County: _____
City: _____ Zip: _____
Date of Birth (m/d/y): _____ Phone (Circle: Cell Land): _____
Social Media Site & User Name (Optional): _____
School you presently Attend: _____ Year of H.S. Graduation: _____
Mother's Name: _____ Father's Name: _____
Mom Address: _____ Dad Address: _____
City: _____ City: _____
Zip: _____ Zip: _____
Contact Number: _____ Contact Number: _____
Text (circle one): Yes No Text (circle one): Yes No
Email: _____ Email: _____
Name/Denomination of Church you attend: _____
Pastor's Name: _____
Church Address: _____ City: _____ Zip: _____
Church or Community Activities you are involved in: _____

School Activities you are involved in: _____

Has the Chrysalis weekend been explained to you? _____ The follow-up activities? _____
State briefly why you wish to participate in Chrysalis and what you expect from it: _____

Sponsor's Name: _____
Emergency contact (if above cannot be reached): _____
Phone: _____ Email: _____
Please list any allergies (medical, food, etc.) medications, special diet, medical problems, etc.: _____

Your Signature: _____ Date: _____

*Please enclose \$15 as a **non-refundable** deposit, to be applied toward the \$65 registration fee, which partially offsets the expense of the weekend. Make check payable to **FINDLAY AREA CHRYSALIS**. Your sponsor must complete the back of this application before it is submitted. Thank you!*

FOLLOWING TO BE COMPLETED BY PARENT OR GUARDIAN (if candidate is under 18)

_____ has my permission to attend the Chrysalis weekend. In the event of an emergency and I/we cannot be reached by telephone, 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.

Signature of Parent/Guardian: _____ Phone: _____

UPCOMING WEEKENDS (check preferences)

_____ **Boys**
_____ **Winter**

_____ **Girls**
_____ **Summer**