



National Capital Area Chrysalis Application to Attend a NCA Chrysalis Weekend

*National Capital Area Chrysalis is an independent, ecumenical fourth day community.
It is not affiliated with the Upper Room®, Chrysalis®, or Chrysalis International®, Inc.*

Section I: General Information

Application for: <input type="radio"/> High School Weekend (age 14/completion of 1 st semester of 9 th grade through Senior in High School) (only check one) <input type="radio"/> Young Adult Weekend (High School Graduate through age 24)				Today's Date:	
Full Name: (Please print legibly)			Name you go by: (Nickname)		
Home Address (include Apt #):			City:	State:	Zip:
Home Phone:		Cell Phone:	E-mail address: (Please print legibly, as we will use this as a main means of communication.)		
Gender: (M/F)	Age:	Current Academic Status: (Circle one) HS student Grad Yr. _____ HS Graduate College Student		Date of Birth:	T-shirt size: (Adult Sizes)
School or College Name:			Full Address at college: (Young Adult Only)		
College/Work Phone:			College/Work email address: (Please print legibly)		

Section II: Faith Background

Church Name:		Church Denomination:	Location:
Do you play a musical instrument? _____ If yes, which one(s)? _____ Please bring it. ☺		Pastor's/Minister's Name:	
From whom did you hear about Chrysalis?		In what religious, community, or school organizations are you active?	
Briefly state why you wish to attend a Chrysalis weekend, what you expect from it, and anything else about yourself or your faith that you want to share: _____ _____ _____			

Section III: Emergency Contact/Medical Information

Emergency Contact(s):		Relationship(s):	Home Phone(s):	Cell Phone(s):
Work Phone(s):		Email address(es): (Please print legibly)		
Hospital Preferred:		Health Insurance Company:	Primary Care Physician's Name:	
Policy #:		Group #:	Current medications, if any:	
Allergies:		Special Dietary Needs:	Health issue(s) of which we should be aware:	

***** **Tobacco / Alcohol / Illegal Substances of any kind are strictly PROHIBITED** *****

Application continues on back.

Section IV: Notary Public Section (To be completed by applicants under age 18 and must be NOTARIZED.)

Father's Name:	Home Phone:	Cell Phone:	Work Phone:
Mother's Name:	Home Phone:	Cell Phone:	Work Phone:

I/We, Parent(s)/Guardian(s) of _____ authorize immediate medical care during the NCAC weekend, in case of emergency, when I/we cannot be located immediately.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

State/Commonwealth of _____, City/County of _____, to wit:

SUBSCRIBED and sworn to before me this _____ day of _____, 2_____.

My Commission Number: _____ My Commission Expires: _____

NOTARY PUBLIC SIGNATURE: _____

Section V: Financial Responsibilities (Make all checks payable to "NCA Chrysalis")

It is important that you fill out all information requested to help us prepare for the Chrysalis weekend. An application fee of \$30.00 must accompany this application. There will be NO additional cost to you for the weekend.

Section VI: Applicant's Signature

I have reviewed this application for completeness and understand that incomplete applications will be returned.

APPLICANT'S SIGNATURE: _____ **Date:** _____

PLEASE RETURN THIS APPLICATION AND THE \$30 APPLICATION FEE TO YOUR SPONSOR.

Section VII: Sponsor's Information (To be completed by the Sponsor)

As a sponsor on the Chrysalis walk, you agree to provide information to the applicant and his/her parent(s)/guardian(s) to help with the decision to attend a weekend, to help the applicant enter fully into the NCAC fellowship after the weekend, and to provide prayer, support, and transportation to and from the weekend and the Day of Deeper Understanding. Sponsorship is a tremendous opportunity and must be entered into prayerfully and faithfully.

Full Name: (Please print legibly)		Name you go by: (Nickname)	
Home Address: (include Apt #)		City:	State:
Home Phone:	Cell Phone:	E-mail address: (Please print legibly)	
High School or College Name:		Full Address at college: (if applicable)	
College/Work Phone:		College/Work email address: (Please print legibly)	
Church Name:	Church Denomination:	Location:	Pastor's/Minister's Name:
What is the name of the Chrysalis/Emmaus/Cursillo community where you made your walk and what was the number of your weekend?			
I have attended a Day of Deeper Understanding. <input type="radio"/> Yes <input type="radio"/> No			
I am aware of the full cost of the weekend and understand it is my responsibility to arrange for full payment. <input type="radio"/> Yes <input type="radio"/> No			

SPONSOR'S SIGNATURE: _____ **Date:** _____

Sponsor's Checklist:	<ul style="list-style-type: none"> • Schedule of events for the weekend have been discussed with the applicant's parents/guardians. • Mode of transportation has been discussed with the applicant's parents/guardians.
<ul style="list-style-type: none"> • Application is fully complete. • Application has been notarized. • \$30 Application Fee is enclosed. 	

Mail this application with the \$30 application fee to: National Capital Area Chrysalis CATERPILLAR APPLICATION PO BOX 185 OCOQUAN, VA 22125-0185	APPLICATIONS COORDINATOR/TREASURER USE ONLY		
	Date Received:	Check #:	\$:
	Date Invited:	Date Accepted:	C-
	Date completed:		