## Nebraska Chrysalis Application — 2025 Version

To Be Filled Out E	by The Candidate:	
Chrysalis #	Date of event:	Location:
First Name:	Last Name:	
Mailing Address:_		
City:	Sta	te: Zip:
Home Phone:	ome Phone: Cell Phone:	
E-mail:		Do the phone numbers and email address listed belong to you or your parents? Mine Parents
		Grade in or just completed:
Your School:		
Are you on a speci	al diet? Yes O No O Pl	lease explain:
Taking any medica	ations? (List)	
Do you have any	health problems or hand	icaps that may affect your participation at Chrysalis?
Do you work? Yes	$\bigcirc$ No $\bigcirc$ If, yes, what $\bigcirc$	do you do?
		·
		Other Phone:
		atherings been explained to you? Yes No
•		derately Talkative Constantly Commenting
· ·	, , -	a Chrysalis event:
Your Church:		Denomination:
Pastor's Name:		and/or Youth Leader:
Church Address: _		Church Phone #
What religious cor	nmunity or organizations	are you active in?
of the weekend is \$2 ment then. You will	00.00. Please bring a check of	proper placement in the Chrysalis weekend. The total cost or cash with you to the Chrysalis Flight and make your payt of your application and additional information about what
The above information your faith and the local		you better. Keep in mind the purpose of Chrysalis is to strengther
	n a health form/waiver to acc sponsor should provide this for	company this application. It is required before your attendance orm to you.
		the Nebraska Chrysalis/Emmaus Community liable re Flight. You are responsible for your own property.
city of location in the N	Nebraska Chrysalis newsletter, th	cation, I agree that Nebraska Chrysalis may publish my name and ne weekend brochure, and other Nebraska Emmaus publications initial here. Ask your sponsor why we would like to publish.
Your Signature:		
-		19):

Give this completed form to your sponsor. Your sponsor will mail it in.

Cost of the weekend is \$200.00. Registrations are due at least one week before the event.