



Dear Sponsor:

The application for Chrysalis candidates younger than 18 contains three separate forms. It is important that each form be completed correctly and submitted to the registrar along with a nonrefundable \$25.00 deposit. (Note: applications for candidates younger than 18 must be notarized.)

After printing the application, fill out the Sponsor form and have your candidate fill out the Candidate application completely. If the candidate is younger than 18, the two page Parental Consent form must be filled out by the candidate's parent(s) and notarized. (A Parental Consent form is not needed if the candidate is 18 years old or older.)

Sponsors are responsible for reviewing the application for accuracy. Make sure that the information is complete and that required signatures, including notarization if candidate is younger than 18, are obtained. Any application missing needed information will be returned to the Sponsor.

Submit the entire application with the required \$25.00 registration fee to the Registrar. Please make checks out to Big Bend Walk to Emmaus.

Be aware that

- A \$25.00 registration deposit is required for each applicant. Applications without deposits will be returned to the Sponsor.
- Your applicant may be placed on a waiting list since there are a limited number of spaces available for each weekend.
- The weekend fee is \$125.00 per person. The balance is due in full when the candidate arrives at camp.

Please mail the completed application and \$25.00 registration to:

Christie Kimbrel
Registrar, Big Bend Walk to Emmaus & Chrysalis
4287 Pleasant Drive
Tallahassee, FL 32303

Phone: 850-524-1850
christiekimbrel@gmail.com



Candidate Application

High School candidates, fill out entire form and return it to your Sponsor for mailing to the Registrar.

Please indicate your gender and weekend of choice.

Girls _____ Boys _____ Date _____

Name _____ Name Tag Name _____

Address _____ City _____ State _____ Zip _____

Phone_(____) _____ Birthdate _____ Age _____ Grade _____ Shirt Size _____

School You Attend _____ email address _____

Activities or Hobbies _____

Name and Denomination of Home Church _____

Pastor's Name _____ Church Address _____

Have you been baptized? _____ Has Chrysalis been explained to you? _____

Has the follow up program of reunions and gatherings been explained to you? _____

State briefly why you wish to participate in a Chrysalis Weekend and what you expect from it: _____

You must be sponsored by someone who has already attended a Chrysalis, Emmaus, Cursillo, Tres Dias, or other such weekend

Sponsor's Name _____ email _____

Address _____ City _____ State _____ Zip _____

Telephone Number_(____) _____ Weekend Attended _____

Please enclose a registration deposit of \$25. This will be applied toward the \$125 weekend fee. Partial scholarships are available on a limited basis for cases of need. Your deposit is not refundable unless we have no openings. Please make your check payable to "Big Bend Walk to Emmaus." You will be notified of your acceptance and the date and location of your weekend. Please notify the registrar as soon as possible if you are unable to attend. This may enable someone on the waiting list to attend.



Sponsor Application

Sponsor, please mail the completed application
and the \$25 registration fee to the Registrar.
Checks should be made out to Big Bend Walk to Emmaus.

Christie Kimbrel
4287 Pleasant Drive
Tallahassee, Florida 32303
Phone: 850-562-2657

Email: christiekimbrel@gmail.com

Please read the following statement carefully and give it your prayerful consideration before sponsoring a candidate:

Chrysalis is a method of Christian renewal in the church. Individuals recommended for Chrysalis should be those with an active desire to deepen their faith and understanding of God's love and to become closer to Christ in their daily lives and in their discipleship.

Candidate's Name _____ Sponsor's Name _____

Sponsor's Address _____ Email address _____

City _____ State _____ Zip _____ Phone_(_____) _____

Name of Church you attend _____

Where did you make your Walk (Flight)? _____ When? _____

Are you now in a reunion group? _____ Why do you feel your candidate would benefit from Chrysalis? _____

As the sponsor of this young person's weekend Chrysalis Walk will you:

- ✚ Pray for your candidate? _____
- ✚ Bring your candidate to Send-off and remain for Sponsor's Hour? _____
- ✚ Attend Candlelight service? _____
- ✚ Attend Closing Ceremony? _____
- ✚ Obtain necessary Agape correspondence for your candidate? _____
- ✚ Assist the candidate in getting into a Reunion Group? _____
- ✚ Accompany your candidate to the first Gathering following the Flight? _____

On the back of this form, please include pertinent information about the candidate that will help the team meet his or her needs. Comments about the candidate's home situation, personality, leadership ability, and especially any known problem areas would be of great assistance.



Candidate Medical Information Form

The Candidate Medical Information form must be attached to and returned with the Candidate Application.

Candidate's Name _____ Age _____ Birthdate _____

Parent's Name _____ Address _____

City _____ State _____ Zip _____

Phone_(_____) _____ Work Phone_(_____) _____

Hospital Insurance () yes () no

Insurance Company _____ Policy # _____

Please list any allergies or special medical problems or needs your child may have. Include any physical limitations, adverse of reactions to prescription drugs, or other medical information which might be necessary for the proper care of this young person. (Use the back of this page if necessary.)

Medicine my child is presently taking _____

Blood Type (if known) _____

Person to be notified in case of an emergency, if you cannot be reached:

Name _____ Phone_(_____) _____

City _____ State _____ Zip _____

Relationship _____

Big Bend



Chrysalis

Parental Consent Form

The Parental Consent form must be attached to and returned with the Candidate Application.

The undersigned does hereby give permission for our (my) child _____, to attend and participate in the Big Bend Chrysalis Walk to be held on _____.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on advice of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Big Bend Walk to Emmaus and Chrysalis.

(Please sign this form in the presence of a Notary)

Parent or Legal Guardian Name _____

Address _____ City _____ State _____ Zip _____

Signature _____

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary