



CROSS WINDS CHRYSALIS FLIGHT No. 37 APPLICATION
First United Methodist Church Wichita, Kansas
December 29, 2010 — January 1, 2011

TO BE COMPLETED BY THE CANDIDATE
 Chrysalis is open to youth who have finished their
 Freshman year of High School through college Freshmen.

Personal Information (please print clearly)

Getting to Know You (please print)

Name: _____
 Preferred First Name (if different): _____
 Address: _____
 City: _____
 State _____ Zip: _____
 Phone (_____) _____
 Gender: ____ M ____ F Age ____ Grade in Fall _____

Church Attending: _____
 Youth Leader: _____
 Church Phone: _____
 In what religious/youth activities and/or community
 organizations are you currently active?: _____

Do you require special meals? (If yes, please explain:) _____

Do you see yourself as: (check one)
 _____ Shy/Quiet _____ Moderately Talkative
 _____ Always have something to say

Do you have any health problems or disabilities that may
 effect your participation on the Chrysalis weekend?
 (explain) _____

Briefly state why you wish to be involved in a Chrysalis
 weekend. _____

Special Medications taken: Please attach a list of
 medications, dosages, and times taken.)

We request a deposit of \$20 in advance with the balance of \$55 to be paid the day of registration. This deposit is not refundable unless the flight is full. Scholarships are available. Check box if needed. Make checks payable to Cross Winds Chrysalis.

You will receive a notification of receipt of your application as soon as it is received. Additional information about what to bring and a map showing the location will be sent as the weekend approaches.

Return the completed application form to your sponsor. Include the deposit of \$20.
******REGISTRATIONS MUST BE RETURNED TO THE REGISTRAR NO LATER THAN December 20th******

Emergency Medical Treatment authorization

I, _____, parent or legal guardian of _____ do hereby
 give my consent to the leadership of Cross Winds Chrysalis to act on my behalf for said minor in granting
 permission for evaluation or treatment of minor medical problems. I understand that, should a major medical
 problem arise, I will be notified by phone. In the event that I cannot be reached, I hereby give my consent to such
 medical treatment as deemed necessary, (including x-ray examinations and anesthesia) to said minor by a licensed
 physician or physicians. I certify that I have read and fully understand this authorization..

Signature of Parent or Guardian: _____ Date: _____

To be completed by the Sponsor

Sponsor Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____

Sponsors return this form to: Curtis Current, Registrar, 7045 SW Indian Hills Rd., Auburn, KS 66402