



# CROSS WINDS CHRYSALIS FLIGHT No. 39 APPLICATION

Dec 28-31, 2011, First UMC, Wichita

**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)

Name: \_\_\_\_\_

Preferred First Name (if different): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Gender: \_\_\_ M \_\_\_ F Age \_\_\_ Grade in Fall \_\_\_\_\_

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

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

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

### Getting to Know You (please print)

Church Attending: \_\_\_\_\_

Youth Leader: \_\_\_\_\_

Church Phone: \_\_\_\_\_

In what religious/youth activities and/or community  
organizations are you currently active?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you see yourself as: (check one)

\_\_\_\_\_ Shy/Quiet \_\_\_\_\_ Moderately Talkative

\_\_\_\_\_ Always have something to say

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

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.**

### 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