



Registration Form

Youth Walk to Emmaus
Greene Street United Methodist Church
Piqua, Ohio
(Ages *15-24)

(*Youth must be at least 15 before school year begins)

Female Weekends

- ☐ G74 - July 25-27, 2025
☐ G75 - January 17-19, 2026

Male Weekends

- ☐ B74 - June 27-29, 2025
☐ B75 - February 14-16, 2026

Name	_____			Address	_____			
City	_____			State	_____		Zip	_____
Phone	() -	_____		Birthdate	/	/	Age / Grade	_____
email	address _____			School	_____			
Preferred	Name _____			T-shirt Size	_____			
Parent's	Name _____			Email	_____			
Church	_____			Pastor Name	_____			

Why do you wish to participate in Chrysalis? _____

Please list any medical allergies, medications taken, special diets, medical problems, or other information.

Sponsor's Name _____ Contact _____

☐ I agree to being photographed or mentioned (first name, last initial only) in any Chrysalis community publishing, whether online or in print.

Youth Signature _____ Date _____

To be completed by parent of guardian (if applicant is under 18 years of age).

_____ has my permission to attend the Chrysalis weekend. The Chrysalis staff has permission to give my child OTC medications (such as (but not limited to) Tylenol, Advil, Allergy). In the event of an emergency and if we cannot be reached by phone, the Chrysalis staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia for my child's well-being.

Parent/Guardian Signature _____ Phone _____

If above cannot be reached, call _____ Phone _____

Please check if either parent has attended a Walk to Emmaus / Curcillio or Chrysalis weekend _____

**Please enclose a \$15 pre-registration deposit to be applied toward your contribution of \$70 which partially offsets the expenses of your walk. The deposit is non refundable. Make checks payable to West Ohio Chrysalis. You will be notified of your acceptance, and the dates of your walk with a registration letter that explains more details.

Information to be
completed by SPONSOR.
Please complete this form
and return with a \$15
deposit to:

West Ohio Chrysalis
Greene Street United Methodist Church
415 W. Greene Street
Piqua, Ohio 45356
(937) 773-5313
westohiochrysalis@gmail.com

Applicant Name _____

Sponsors Name _____ Address _____

City _____ State _____ Zip _____

Phone () - _____

Email address _____

Church _____ Attend Regularly? _____

Where did you attend Emmaus, Cursillo, or Chrysalis and when/#walk, flight etc.? _____

How long have you known the caterpillar? _____

Why do you think this person would benefit from Chrysalis? _____

Does your caterpillar have any physical or mental health concerns that should be brought to the attention of the Spiritual Director?

☐ I accept and agree to carry out the following responsibilities as a sponsor: bringing the caterpillar to and from the weekend; attending Sponsor's Hour, Candlelight, and Closing; explain to the caterpillar that the use of mobile devices is not allowed during the weekend; understanding the importance of and obtaining agape for the caterpillar; accompanying the caterpillar to Hoots and other gatherings of their choosing; and assisting the butterfly in their Fourth Days, including finding a share group is so desired.

Sponsor's Signature _____ Date _____



West Ohio chrysalis Weekends are held in
Piqua, Ohio at Greene Street United Methodist
Church. For more information phone
937-773-5313 (option1, option2), email
westohiochrysalis@gmail.com , or visit the
website www.westohiochrysalis.com.