

West Ohio Chrysalis 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)

Male

Female

____ B-72- February 17-19, 2024
____ B-73- June 28-30, 2024
____ B-74- February 15-17, 2025

____ G-73- June 14-16, 2024
____ G-74- January 18-20, 2025

Name _____ Address _____ Home Phone () _____

City _____ State _____ Zip _____ Cell Phone () _____

Name wished on Tag _____ Birthdate ____/____/____ Age _____ Grade _____

EMAIL Address _____ Year of High School Graduation _____

T-shirt size _____ Parent's Names _____

Name & Denomination of Church you attend _____

Church Address _____

Pastor's Name _____ School you attend _____ City _____ State _____ Zip _____

Religious or Community Organizations _____

School Activities _____

Has the Chrysalis Weekend been explained to you? _____ The follow-up? _____. State briefly why you wish to participate in Chrysalis and what you expect from it. _____

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

Sponsor's Name _____

Youth's Signature _____ Date _____

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

_____ has my permission to attend the Chrysalis weekend. 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** _____

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

IF ABOVE CANNOT BE REACHED, CALL _____ **PHONE** _____

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 check payable to West Ohio Chrysalis. You will be notified of your acceptance and the dates of your walk.

INFORMATION TO BE COMPLETED BY SPONSOR
Please complete this form and return with at \$15 deposit to:

West Ohio Chrysalis
Greene Street United Methodist Church
415 W. Greene Street
Piqua, Ohio 45356
(937) 773-5313
FAX (937) 773-5397
westohiochrysalis@sbcglobal.net

Name of Applicant _____

Sponsor's Name _____ Cell Phone _____

Address _____ E-mail Address _____

City _____ State _____ Zip _____ Phone _____

Name/Denomination of your church _____ Attend Regularly? _____

Where did you attend Cursillo/Emmaus/Chrysalis? _____ When? _____

Are You in a Reunion/Sharing Group? _____ Do you get the Newsletter? _____

Have you served as a sponsor before? _____ Are you willing to pray & sacrifice for your Butterfly? _____

How long have you known the Butterfly? _____ Why do you think this person would benefit from a Chrysalis

Weekend? _____

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

Will you bring your Butterfly to the Chrysalis Weekend? _____ Will you take your Butterfly home? _____

Will you attend the Sponsor's Hour? _____ Candlelight? _____ Closing? _____

Have you explained the Hoots/Gatherings & Reunion Groups? _____

Will you accompany the Butterfly to the Hoots/Gatherings & Reunion Groups? _____

Are you aware of the importance of minimal contact with the Butterfly during the weekend? _____

Do you understand the responsibility of assisting the Butterfly in finding a sharing group? _____

Please make any additional comments you believe may be helpful _____

Revised 12/16



West Ohio Chrysalis Weekends are held in Piqua, Ohio at Greene Street United Methodist Church. For more information phone 937-773-5313 or email to westohiochrysalis@sbcglobal.net. Visit the web site at www.westohiochrysalis.com.