

## CHRYSALIS OF SOUTHEAST MICHIGAN REGISTRATION INSTRUCTIONS

### SPONSOR

**IF YOU HAVE NOT ATTENDED AN EMMAUS/CHRYSALIS WEEKEND, CONTACT THE REGISTRAR BEFORE COMPLETING THESE FORMS.**

Prayerfully select each candidate keeping in mind that Chrysalis is not designed to correct or counsel problem youth, but rather to encourage the spiritual growth and leadership of Christian youth with willing hearts.

Explain the Chrysalis (weekend, gathering, post-Chrysalis meeting and reunion group) to the candidate and his/her parents.

Only consider youth who are sophomores, juniors or seniors in high school.

Make certain that **pages 3 and 4** of this form are completed by the candidate and his/her parents and sent to registrar together. **Page 2** may be sent separately.

Help the candidate select an appropriate reference person (an adult) for completing **page 2** and explain Chrysalis to him/her if necessary. (Pastor, Sunday School teacher, Christian Education Director, youth worker, club leader, school teacher, etc.)

Make certain that all forms are forwarded **immediately** to the Registrar. **For effective sponsoring and preparation, pages 3 and 4 should reach the Registrar at least 10 days prior to the weekend.**

### CANDIDATE

Complete the Request for Registration (**page 3**).

Prayerfully read the Pledge before signing the form (page 3).

Give forms to your parents to complete (**page 4**).

### PARENT/GUARDIAN

Complete Parental/Guardian Consent form (**page 4**).

Parent/Guardian signature **must be notarized** (stamp/seal) to authorize emergency medical treatment. If **not notarized**, your child's request will be returned, delaying and possibly resulting in closure of registration before your child's registration is completed.

**IF YOUR CHILD HAS NO SPONSOR, CONTACT THE REGISTRAR.**

### REFERENCE PERSON

Complete Reference form immediately.

Forward the completed form to the Registrar (forms should reach the Registrar at least 10 days prior to the weekend.)

### FORWARD ALL FORMS TO THE REGISTRAR:

Registrar address: **Denise Trantham**  
**3158 N. McKinley Rd.**  
**Flushing, MI 48433**  
Phone: 810-659-5354  
Email: datrantham@sbcglobal.net

Girls Flight #52, Feb. 17-19, 2012  
Boys Flight #53, March 2-4, 2012  
South Lyon First United  
Methodist Church

**CHRYSALIS OF SOUTHEAST MICHIGAN REFERENCE FORM**

The candidate should give this form to a pastor, youth counselor, Sunday school teacher, Christian Education Director, teacher, club leader, etc. who knows him/her. This information will help the Chrysalis leaders to place the candidate in a group where he/she will benefit the most. This information will only be seen by the Chrysalis leadership. It will be kept in **STRICT CONFIDENCE**.

**NOTE: THE CHRYSALIS IS A RELIGIOUS EXPERIENCE FOR SOPHOMORES, JUNIORS AND SENIORS IN HIGH SCHOOL. IT IS NOT DESIGNED TO CORRECT OR COUNSEL PROBLEM YOUTH, BUT TO ENCOURAGE THE SPIRITUAL GROWTH AND LEADERSHIP OF CHRISTIAN YOUTH WITH WILLING HEARTS.**

Candidate's Name \_\_\_\_\_ Grade \_\_\_\_\_

PLEASE COMMENT:

How long have you known the candidate? \_\_\_\_\_ In what capacity have you known the candidate? \_\_\_\_\_

Do you feel this youth exercises leadership? \_\_\_\_\_ In what areas? (church, school, athletics, government, dramatics, music, clubs, etc.) \_\_\_\_\_

How does this youth relate to others the same age? (talkative, domineering, quiet, reticent, etc.) \_\_\_\_\_

Do you feel this youth is emotionally and spiritually ready to understand this experience? \_\_\_\_\_

How does this youth respond to new environment? \_\_\_\_\_

On a separate page, please furnish any additional comments that you feel might help the team to understand and deal sympathetically with the candidate. (Comments about the candidate's home life, personality, attitudes, difficulties, hopes, etc.)

Are you member of Chrysalis? \_\_\_\_\_ Emmaus? \_\_\_\_\_ Other 3-day experiences \_\_\_\_\_  
Where and when did you take your walk? \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Signature \_\_\_\_\_

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**CHRYSLIS OF SOUTHEAST MICHGAN REQUEST FOR RESERVATION**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
Name requested on name tag \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
E-Mail address \_\_\_\_\_ Male \_\_\_\_\_ /Female \_\_\_\_\_

**CHURCH INFORMATION:**

Are you currently attending a church? \_\_\_\_\_ Name \_\_\_\_\_  
Denomination \_\_\_\_\_ Are you a member? \_\_\_\_\_ Are you baptized? \_\_\_\_\_  
Pastor's name \_\_\_\_\_ In what religious or community organization are you  
active? \_\_\_\_\_

**SCHOOL/WORK INFORMATION:**

What school do you attend? \_\_\_\_\_ Grade \_\_\_\_\_ If you work, what do  
you do? \_\_\_\_\_ What company? \_\_\_\_\_

Has Chrysalis been explained to you? \_\_\_\_\_ Has follow-up program, gathering and the post-Chrysalis  
meeting been explained to you? \_\_\_\_\_ State briefly why you wish to be involved in the Chrysalis weekend and  
what you expect from it? \_\_\_\_\_

**SPONSOR'S INFORMATION:**

Has someone sponsored you for the Chrysalis? \_\_\_\_\_ If so, complete the following:  
Sponsor's  
Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
E-mail address \_\_\_\_\_

**PLEDGE:**

**I pledge that I will come to the Chrysalis Flight with a spirit of cooperation and that, at no time during  
the weekend, will I smoke, drink alcoholic beverages or take any drugs other than those approved by my  
Parent/Guardian for medical purposes. I will leave my watch, cell phone and  
electronic devices home.**

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

All the information is necessary for your proper placement in a Chrysalis weekend. PLEASE MAKE SURE  
ALL BLANKS ARE FILLED IN ACCURATELY.

PLEASE ENCLOSE A PRE-REGISTRATION DEPOSIT OF \$15.00. This will be applied toward your  
contribution of \$65.00, which partially offsets the expenses of your weekend. This deposit is not refundable  
unless we have no openings for you. Make check payable to the **CHRYSLIS OF SOUTHEAST  
MICHIGAN**. You will be notified of your acceptance to the Chrysalis Flight. Please notify us **immediately**  
if you cannot come, as there is a waiting list.

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