

**Central Mississippi Chrysalis Youth Weekend  
Request for Reservation**

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To be filled out by Candidate (Please type or print): **T-Shirt Size** \_\_\_\_\_  
Date of Application \_\_\_\_\_  
Name: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Female: \_\_\_\_\_ Male: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
Desired Name on Name Tag: \_\_\_\_\_  
Pastor's Name: \_\_\_\_\_  
School You Attend: \_\_\_\_\_  
Church & Community Organizations: \_\_\_\_\_

School Activities: \_\_\_\_\_  
\_\_\_\_\_

Has Chrysalis Been Explained to You? \_\_\_\_\_  
Has the Follow-up-program of Group Reunions & Gatherings been explained to you? \_\_\_\_\_  
State briefly why you wish to participate in Chrysalis & what you expect from it: \_\_\_\_\_  
\_\_\_\_\_

Youth Signature: \_\_\_\_\_

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\_\_\_\_\_ has my permission to attend the Chrysalis weekend. In the event of an emergency and if I cannot be reached by phone, the Chrysalis staff has permission to secure services of licensed medical professionals to provide necessary care, including anesthesia, for my child's well being.

Signature of  
Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
If above cannot be reached please call \_\_\_\_\_  
Phone \_\_\_\_\_. Please list any medical allergies, medications being taken, medical problems, special diet, or other pertinent information  
\_\_\_\_\_  
\_\_\_\_\_

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All of the above information is necessary for proper placement in a Chrysalis Weekend. Fill in all blanks. Please enclose a pre-registration deposit of \$25. This will be applied toward your contribution of \$125. The deposit is not refundable unless we have no openings for you. Make your check payable to Central MS Chrysalis Community. You will be notified as to your acceptance and the dates of your Chrysalis weekend.

**\*\*\*IMPORTANT: Please notify us immediately if you cannot attend, as there may be a waiting list.**

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**Return this form to your sponsor to be mailed with deposit to:  
Kathy Luckey, 102 Stafford Drive, Clinton, MS 39056**