

Central Mississippi Chrysalis Sponsor's Sheet



Candidate's Name: _____ Address: _____

City, State: _____ Zip: _____ Phone: _____

Adult Sponsor's Name: _____

Address: _____

City, State: _____ Zip: _____ Phone: _____

Name/Denomination of Sponsor's Church: _____

Youth Co-Sponsor's Name: _____

Address: _____

City, State: _____ Zip: _____ Phone: _____

Name/Denomination of Co-Sponsor's Church: _____

Where did you make your Flight/Walk? _____ When? _____

Are you now in a Chrysalis/Emmaus reunion group? _____

How many candidates have you sponsored in the last year: _____ Are you praying for

and sacrificing for your candidate? _____ Why do you feel that this person would

be a good candidate for Chrysalis? _____

Does the candidate have the physical & mental health needed for a Chrysalis weekend? _____

Is the Candidate under any temporary emotional strain that might indicate his/her weekend should be postponed? _____

Are you able and willing to assist the candidate to get into a reunion group? _____

Have you explained the post-weekend Community Gathering to the candidate? _____

Are you able to carry the candidate to the Chrysalis site? _____

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

Community Gathering? _____

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

Does your candidate need any scholarship assistance? _____ If so, please call and give details. _____

Return Sponsor's Sheet with Candidate's Request for Reservations and Deposit!

Complete this form and return it as soon as possible to:

Kathy Luckey

102 Stafford Drive

Clinton, MS 39056

If you have questions, please call Kathy at (601) 924-6982