

**THE UPPER ROOM CHRYSALIS YOUTH WALK TO EMMAUS**  
**Chrysalis is for youth ages 15-19**  
**REQUEST FOR RESERVATION**

Please indicate choice:

Road Boys' walk (date) \_\_\_\_\_

Girls' walk (date) \_\_\_\_\_

**TO BE FILLED OUT BY CANDIDATE (CANDIDATE FEE IS \$50.00) PLEASE TYPE OR PRINT**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name to be used on name tag: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School you attend: \_\_\_\_\_ Grade \_\_\_\_\_

School activities: \_\_\_\_\_

Church you attend: \_\_\_\_\_

Pastor's name: \_\_\_\_\_ Denomination: \_\_\_\_\_

Religious or community organizations you belong to: \_\_\_\_\_

\_\_\_\_\_ (use back of this form if necessary)

YOUTH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IMPORTANT: Please notify us immediately if you cannot attend, as there is a waiting list.

**TO BE FILLED OUT BY SPONSOR (SPONSOR FEE \$50.00) PLEASE TYPE OR PRINT**

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please enclose sponsor fee of \$50.00 with application. Candidate fee of \$50.00 is to be paid with application or at time of registration. Fees are refundable if you are unable to attend. Make check payable to the Cleveland Chrysalis Community. You will be notified of acceptance and the date and location of your walk.

SPONSOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE FILLED OUT BY PARENT OR GUARDIAN:**

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

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ Phone: \_\_\_\_\_

If I cannot be reached, please call: \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical allergies, medications being taken, medical problems, special diet or other pertinent information \_\_\_\_\_

**YOU MUST BE SPONSORED BY SOMEONE WHO HAS BEEN THROUGH EMMAUS OR CHRYSALIS. IF YOU DO NOT HAVE A SPONSOR, WE WILL FIND ONE FOR YOU.**

Mail to:  
Chrysalis Registrar  
P.O. Box 5754  
Cleveland, TN 37320-5754