

FUNDING

- 1) Please enclose a DEPOSIT FEE of \$25.00 with application. This is applied to the total contribution. This fee is non-refundable unless we do not have an opening for you.
- 2) The total requested contribution amount is \$75.00, which partially offsets the expenses of the weekend.
- 3) You will receive a free Chrysalis T-shirt during the weekend.
- 4) Make all checks payable to **Arizona Walk to Emmaus**.
- 5) Please notify us immediately if you are unable to attend at:
chrysalisarizona@gmail.com
- 6) Feel free to e-mail us with any questions or concerns at the above address.

FLIGHT DATES

Dates and locations for Chrysalis Weekend Flights can be found on the AZ Walk to Emmaus website (azemmaus.org) as they are scheduled.

Please indicate which scheduled weekend date and location you are interested in attending under the Applicant Information section.

MAKE THREE COPIES OF ALL DOCUMENTS IN THIS APPLICATION

Application can be downloaded to your computer from Arizona Walk to Emmaus website: www.azemmaus.org Application can be filled out on your computer using adobe reader and then print out three copies OR Print three copies and then fill out by hand

PLEASE READ AND COMPLETE ALL DOCUMENTS IN THIS APPLICATION.

- 1) Keep one completed copy for yourself.
- 2) Bring one completed copy with the balance of the contribution to registration at the start of the Chrysalis weekend.
- 3) Mail one completed copy with the deposit fee at least 2 weeks prior to Chrysalis Weekend to

CHRYSLIS
c/o Arizona Walk To Emmaus
P.O Box 86309
Phoenix, AZ. 85080-6309

*** Walk in Applicants are accepted when space is available**



chrysalis
THE UPPER ROOM[®]

WHAT IS A CHRYSALIS? CHRYSALIS is the growth stage between caterpillars and butterflies. While on the surface it may look like nothing is happening, the delicate process changes a caterpillar into a butterfly with wings and beautiful colors. This symbolizes that, through the dying of self, Christ can transform us into something beautiful. We must open ourselves to Jesus for this transformation to occur.

CHRYSLIS is the name chosen for the YOUTH Walk to Emmaus because it symbolizes faith growth in the lives of youth - the spiritual growth that is necessary between adolescence and adulthood. It is a crucial time of maturing faith for discipleship. CHRYSLIS has its roots deeply planted in its parent movement, the Walk to Emmaus.

CHRYSLIS is a three-day spiritual renewal retreat that provides participants an opportunity to learn more about faith, to experience Christian love and support, and a chance to make new commitments in their faith journey. The content of the three days focuses on God's grace, how one experiences Christ as friend in the body of Christ, and how one is called into discipleship giving love to a needful world.

WHAT HAPPENS AT CHRYSALIS? You will spend three days with other young people in worship, prayer, fellowship, recreation, singing and discussion. You will experience the love of Christ through the prayers and acts of service of a loving support community. You will hear talks given by youth and adults focusing on the needs of maturing youth and offering the message of the Gospel and the friendship and example of Jesus Christ. Five talks are given each day followed by discussion and reflection on how these messages can be helpful to our personal faith. You will explore how this friendship with Jesus can help you live your faith with family, friends and community.

WHAT HAPPENS AFTER CHRYSALIS? Following the three-day retreat, or "Flight", you are invited to become intentional about your faith through local church participation, small group studies, and interpersonal sharing groups that provide the fellowship and support for giving love to a needful world. You are invited to rise to a new day, every day.

WHAT IS THE PURPOSE OF CHRYSALIS? CHRYSLIS is for the development of Christian youth who: • wish to strengthen their friendship with Christ; • may have unanswered questions about prayer, study and sharing their faith; • understand that being a friend of Christ, or Christian involves responsibility; • are open to dedicating their everyday life to God in an ongoing manner. CHRYSLIS is open to young people who are at least 15 years old/or a junior in high school (up to age 23) of any denomination.

ARE YOU INTERESTED? We invite you to join in an exciting three days spent in meeting Jesus Christ as your friend who comes to you in God's love as expressed through other Christians.

WE INVITE YOU TO RISE TO A NEW DAY!

APPLICANT INFORMATION:

Date of application: _____ Scheduled Flight requested: _____

Name: _____
(First) (Middle Initial) (Last)

Print Name wanted on Name Tag: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) - _____ - _____ E-Mail: _____

Sex: M ___ F ___ Birth Date: _____ Age on last Birthday: _____ Grade: _____

Church: _____ Denomination: _____

Has Chrysalis been explained to you? _____ Are you a baptized Christian? _____

I agree to be respectful during this weekend:

APPLICANT'S SIGNATURE: _____

PARENT OR GUARDIAN INFORMATION:

Name: _____
(First) (Middle Initial) (Last)

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) - _____ - _____ Alternate Phone: (____) - _____ - _____

I give my permission for the above applicant to attend the Chrysalis weekend:

PARENT/GUARDIAN SIGNATURE: _____

PASTOR'S ENDORSEMENT:

I believe that the above applicant would benefit from this spiritual growth experience:

PASTOR'S SIGNATURE: _____

Print Name: _____ Phone: (____) - _____ - _____

SPONSOR'S INFORMATION:

Name: _____
(First) (Middle Initial) (Last)

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) - _____ - _____ E-Mail: _____

Your Walk/Flight # _____ Location: _____ Year: _____

I accept my responsibilities as sponsor of the above applicant:

SPONSOR'S SIGNATURE: _____

MEDICAL RELEASE

PLEASE PRINT

ARIZONA WALK TO EMMAUS HAS MY PERMISSION TO SECURE THE SERVICES OF LICENSED MEDICAL PROFESSIONALS FOR _____ IN THE EVENT OF AN EMERGENCY, FOR THE PURPOSE OF PROVIDING THE NECESSARY MEDICAL CARE, TO INCLUDE THE ADMISSION OF ANESTHESIA. I ALSO AGREE TO HOLD ARIZONA WALK TO EMMAUS HARMLESS FROM ANY AND ALL CLAIMS ARISING FROM THE RENDERING OF MEDICAL SERVICES BY RETAINED PROFESSIONALS.

SIGNATURE OF PARENT/GUARDIAN:

PHONE: (____) - _____

DOCTOR _____ PHONE: (____) - _____

INSURANCE CARRIER _____ POLICY # _____

LIST ANY MEDICAL ALLERGIES, MEDICATIONS BEING TAKEN, MEDICAL PROBLEMS, SPECIAL DIET, OR OTHER PERTINENT INFORMATION:

MEDICATIONS

In order to provide the safest administration of your youth's medication(s), please be sure that the medication(s) is/are labeled with the following:

- a) Youth's name
- b) Name and dose of medication
- c) current directions for giving the medication, including time(s) to be given and any special instruction(s), i.e., "give with food", etc.

Sending medication(s) in original container(s) with the above information is mandatory. It is essential that, if a youth is currently on routine medication(s), that she/he remain on the medication(s) during the Chrysalis experience. Giving a youth a "holiday" away from medication(s) during the Chrysalis experience can be very dangerous and counter-productive.

If deemed necessary, I give my permission to give my child an over-the-counter analgesic "pain reliever" (i.e. acetaminophen "Tylenol" or Ibuprophen); antihistamine for "allergic reactions" (i.e. Benedryl or Sudafed); or an antacid for "upset stomach" (i.e. Tums, Mylanta or Pepto Bismol), in dose appropriate for age.

Child's Name: _____

Parent (s) /Legal Guardian(s) Signature(s): _____

(Signature)

(Print)

(Signature)

(Print)

Date _____