



2008 Heart of Georgia Chrysalis Schedule (✓ your choice)

#36	Girl's Flight (Ages 15- HS Graduation)	January 10-13, 2008
#37	Boy's Flight (Ages 15- HS Graduation)	January 24-27, 2008
#10	Women's Journey (After High School to 25)	May 15-18, 2008
#11	Men's Journey (After High School to 25)	May 22-25, 2008

Instructions:

1. Fill out the personal information in the following boxes.
2. Get your parent's signature. No applications will be accepted without this signature.
3. Return the application along with the \$70.00 registration fee to your sponsor. You must be sponsored by someone who has been through Chrysalis or the Walk to Emmaus or other similar three day experiences.
4. You will be notified of your acceptance approximately 4 to 6 weeks before the Chrysalis begins.
5. **IMPORTANT:** If you find out that you can not attend please let me know as soon as possible since there is a waiting list.

TO BE COMPLETED BY THE CANDIDATE

Personal Information (Please Print Legibly)

Name (Wanted on Name Tag): _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (_____) _____

Birth date: _____

Gender: ___M___ F Age: _____ Grade/Yr.: _____

E-Mail: _____

T-Shirt Size: _____

Getting to Know You (Please Print)

Church Attending: _____

Pastor's Signature: _____

School You Attend: _____

School/Church Activities: _____

Do you require special meals? (If yes, please explain)

Do you have any health problems that might affect your participation in Chrysalis? (If so, explain)

Special medications taken: (please list medications and times taken)

State Briefly why you wish to attend Chrysalis and what do you expect from it:

_____ has my/our permission to attend the Chrysalis weekend. In the event of an emergency and I can not be reached by phone, the Chrysalis Staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being.

Parent's/ Guardian Signature (not required if over 18) _____ Phone Number _____ Other Contact(if I can not be reached) _____ Phone Number _____

To be completed by the Sponsor (sponsor must have attended Chrysalis or the Walk to Emmaus or other 3 Day Experience)

Sponsor's Name: _____ Address: _____

Phone: (_____) _____ City: _____ State: _____ Zip: _____

Sponsors return this form (with check) to:

www.hogchrysalis.org

Cristol Cannon, Registrar
105 Ovid Drive
Dublin, GA 31021

Home: (478) 272-1917
c_cristo@bellsouth.net
Fax: 775-521-2121