



Little Egypt Chrysalis  
Participant Application  
(to be filled out by the participant)

*It is recommended that Chrysalis participants be active in a church, at least 15 years old and/or have completed their freshman year of high school, and be no older than a college sophomore.*

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Name for name tag \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Graduation year \_\_\_\_\_ Sex \_\_\_\_\_ T-Shirt size \_\_\_\_\_  
Pastor's name \_\_\_\_\_ Church \_\_\_\_\_  
Sponsor's name (s) \_\_\_\_\_ Phone \_\_\_\_\_  
What is your favorite activity? \_\_\_\_\_  
Why? \_\_\_\_\_  
Why do you want to go on a Chrysalis Flight? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Have "reunion groups" been explained to you? \_\_\_\_\_  
Have "hoots" been explained to you? \_\_\_\_\_

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

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**To be completed and signed by your parent or guardian**

I give my permission for my child to attend the Chrysalis weekend and participate in all the activities, including any required transportation. In the event of a medical emergency, if the Chrysalis staff cannot reach me by phone, I give my permission to the Chrysalis staff to obtain necessary medical treatment for my child. I also give my permission to the Chrysalis staff to administer necessary prescription and non-prescription medication.

Parent's name (s) \_\_\_\_\_  
Parent(s) signature(s) \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

Either return this form to your sponsor as directed or mail to:  
Little Egypt Chrysalis  
P.O. Box 293  
Vienna IL 62995