



**ORANGE COUNTY CHRYSALIS (O.C.C.)
Sponsor Information**

Candidate's Name _____

Sponsor's Name _____ Phone _____

Sponsor's Address _____

State/Zip/Email _____

Date of your weekend _____. Are you in a Reunion group? Yes / No

Do you attend Gatherings? Yes / No

How long have you known the candidate? _____

*Why do you think your Candidate will benefit from the Chrysalis Weekend?

*Does the Candidate have areas of sensitivity, which would be helpful for the weekend lay director to know?

Have you explained the following to your candidate?

· Will you provide transportation to the Chrysalis site _____

· Have you explained closing to candidate's parents? _____

· Have you invited candidate's parents to closing? _____

* Sponsor's signature represents understanding of the sponsor's responsibilities and commitment to support the candidate. (We recommend that youth have an adult sponsor or co-sponsor).

Sponsor's Signature: _____ Date: _____

Pastor/Youth Director, your signature represents that, to the best of your knowledge, the candidate has the physical and mental health needed for the Chrysalis weekend and is an active member in the congregation.

*Pastor/Youth Director's Signature: _____ Phone: _____ Cell: _____

Please send this form along with the \$75 refundable deposit fee to:

(Scholarship funds are available, please contact registrar)

Light of the Canyon United Methodist

Attn: Orange County Chrysalis

101 S. Chaparral Ct.

Anaheim, CA 92808

Questions? Please contact Nancy Lay 951-360-9859

Registrar must receive these forms no later than June 15th to guarantee the required number of caterpillars needed for each flight.



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Candidate Reservation

Chrysalis supports a smoke-free environment on the weekends

Date of flight you wish to attend: Boys' Flight: _____ Girls' Flight: _____

Name: _____ Name on badge should read: _____

Home address: _____

City/State/Zip Code: _____

Phone: _____ E-Mail Address: _____

Age: ____ Year of High School graduation: ____ School: _____

Circle T-Shirt Size: S M L XL XXL

Parents' Name (First/Last): _____

Parents' Address: _____

Name of Home Church: _____

Home Church Address: _____

City/State/Zip Code: _____

Pastor's Name: _____

Pastor's Signature: _____ Phone: _____

*List school, community and religious organizations in which you are currently active.

*Do you have any health conditions, physical handicaps, allergies, medication or dietary restrictions that may affect your attendance on the weekend? Yes / No

(If Yes, please explain so that we can meet your needs).

State briefly why you wish to participate in Chrysalis and what you expect from it:

Applicant's Signature: _____ Date: _____

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN:

(Print name) _____ has permission to attend the Chrysalis Weekend.

In the event of an emergency and if I/we cannot be reached by phone, the Chrysalis staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, to ensure my child's well-being.

Parent/Legal Guardian Signature: _____ Date: _____

Phone: _____ Cell: _____

In the event the above person cannot be reached, please contact:

Name: _____ Phone: _____ Cell: _____

Address: _____