

Chrysalis

OF THE SHENANDOAH VALLEY AREA

REGISTRATION

PLEASE PRINT **TO BE FILLED OUT BY THE APPLICANT** **PLEASE PRINT**

Name _____ Preferred name _____ Sex _____ Age _____ Birthdate _____

Permanent Mailing Address _____ City _____ State _____ Zip _____

Phone: Home (____) _____ Work/School (____) _____ E-mail _____

Cell # (____) _____ Occupation: (if student, please complete next line) _____

School and Address _____ State _____ Zip _____

Name/Denomination of church you attend _____ City _____ State _____

Name of your Pastor/Campus Minister _____

In what other Christian or community activities are you active? _____

Do you play a musical instrument? _____ What kind? _____

Do you have any health problems that may affect your attendance? _____ If yes, please specify _____

Allergies? _____ Do you smoke? _____

Are you on a special diet? _____ If yes, please specify _____

Are you on medication? _____ If yes, please specify _____

State why you wish to attend a Chrysalis weekend, what you expect from it, and anything else about yourself or your faith you wish to share _____

If you are 17 or younger, you will need to provide parental consent and an emergency care form which will be provided with your registration confirmation.
I am the parent/guardian of the above named applicant and hereby grant my permission for him/her to participate in the Chrysalis experience and authorize the Chrysalis leadership or Camp Overlook Staff to secure emergency medical treatment as necessary in the event that I cannot be reached. Signature Parent or Guardian _____
 Date _____ Emergency Phone _____

The above information is necessary for your proper placement on a Chrysalis weekend. Please fill in all blanks and enclose a preregistration deposit of \$25.00 payable to Shenandoah Valley Chrysalis. There will be no additional cost to you other than the deposit. Additional expenses for your weekend will be paid for by others who have enjoyed a similar experience and wish to share that experience with you.

Applicant Signature: _____ Date _____

Name of Sponsor _____

PLEASE RETURN COMPLETED APPLICATION TO YOUR SPONSOR OR THE PERSON WHO PROVIDED IT