

Northeast Ohio Chrysalis
Flight (15-18 Years Old, High School Sophomore-Senior) Information
Candidate

Date of the Flight you wish to attend: _____

Name: _____ Name on Badge should read: _____

Home Address: _____ City/State/Zip: _____

Home Phone (____) _____ Candidate Cell Phone (____) _____

Birth date: _____ High school graduation year: ____ School _____

Email (Please print clearly): _____ T-shirt size: S M L XL

Parents'/Guardians' Names: _____

Address (if different): _____

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

Church: _____ Pastor's Name: _____

Address: _____

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

List school, community and/or religious organizations in which you are currently active:

State briefly why you wish to participate in a Chrysalis Flight and what you expect:

Your signature: _____

(Note - Camp Asbury is a non-smoking facility)

TO BE COMPLETED BY PARENT OR GUARDIAN

Does your teen have any health conditions, physical handicaps, allergies, medication or dietary restrictions that need to be brought to the attention of the staff? YES/NO (If YES, please explain.)

_____ has permission to attend the Chrysalis Weekend. In the event of an emergency, 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/Guardian Signature _____ Date _____

Phone (____) _____

If I/We cannot be reached, call _____

Phone (____) _____ Relationship _____

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Sponsor

Candidate's Name _____

Sponsor's Name _____

Address _____ Phone(_____)_____

City/State/Zip _____ Email _____

Weekend you attended _____ Date _____

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 a Chrysalis Flight Weekend?

Does the Candidate have areas of sensitivity that can be shared with the Lay Director?

Have you: explained Chrysalis Site YES/NO Transportation YES/NO to the candidate?
explained that parents can attend closing? YES/NO
invited parents to send-off? YES/NO Closing? YES/NO

Please indicate who will be paying the \$150 expense of the weekend: \$____Candidate
\$____Sponsor/\$____Church/\$____Other (Partial scholarship available. Contact registrar.)

Sponsor's signature represents an understanding of the sponsor's responsibilities and
commitment to support the candidate. (NEOC recommends youth have an adult co-sponsor)

Sponsor's signature _____ Co-Sponsor's signature _____

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

Pastor's Name (print) _____ Phone(_____)_____

Signature _____ Date _____

Please send Candidate & Sponsor forms with \$50 deposit fee (made payable to WRE) to:

Northeast Ohio Chrysalis
c/o Laurie Maltempi
3227 Clearview Rd
Ravenna, OH 44266

Direct questions to Laurie Maltempi, Registrar, at (330) 807-
0103 or lauriemaltempi@yahoo.com

***Note: Deposit is non-refundable after the Saturday prior to the event (except for extenuating
circumstances like a death in the family)***

Registrar must receive these forms no later than 2 weeks prior to the Flight date.