

LAKE CUMBERLAND AREA CHRYSALIS REQUEST FOR RESERVATION

TO BE FILLED OUT BY APPLICANT:

Name: _____ Address: _____

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

Email: _____ Mobile Phone (____) _____

Name wanted on name tag if different from above: _____

(Circle One): Male / Female T-Shirt Size: S M L XL XXL Birth Date: _____

Name of School: _____ Grade in School: _____

In what school organizations are you active? _____

Name & Denomination of church are attending: _____

Pastor's Name: _____

In what religious organizations are you active? _____

If you work, what company do you work for? _____

What do you do? _____ Has the Chrysalis been explained to you? Yes/No

Has the follow-up meeting and reunion group been explained to you? Yes/No

Are you on a special diet? Yes/No If yes, what? _____

Are you on medication? Yes/No If yes, list: _____

Do you have a health or physical handicap that may affect your attendance? Yes/No If yes, please specify:

State briefly why you wish to be involved in the Chrysalis community and what you expect from it?

Your Signature: _____ Parent Signature: _____

LAKE CUMBERLAND AREA CHRYSALIS REQUEST FOR RESERVATION

TO BE FILLED OUT BY SPONSOR:

NOTE: The LCAECC accepts youth ages **14 - 18**. (No exceptions on age requirements)

Sponsor's Name: _____ Address: _____

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

Email: _____ Mobile Phone (____) _____

Name of church you attend: _____

Where did you attend your Flight/Walk to Emmaus? _____ Your Flight/Walk Number: _____

How long have you known the candidate?: _____

Are you praying and sacrificing for your candidate? Yes / No

Are you now in a group reunion group? Yes / No

Are you able and willing to assist the candidate with getting into an Emmaus group? Yes / No

Will you bring your candidate to Registration? Yes / No Attend the Sponsor's Hour? Yes / No

Attend Candlelight? Yes / No

Attend Closing? Yes / No

Please circle each appropriate adjective and comment as necessary.

Leadership: Fair / Good /Excellent / Church/ School /Athletic / Musical /Other: _____

Maturity: Average/ Mature / Very Mature

Relations to Peers: Quiet/ Reticent /Talkative /Well-Liked/ Domineering

Comments:

Mail completed application/sponsor forms to:

Camryn Coots

64 Selby Hopper Rd

Russell Springs, KY 42642

The cost for providing food, lodging and supplies is \$90.00 per participant. You may mail a check payable to LCAECC along with the application or pay online at www.lcemmaus.org . Please note with either type of payment who it is for.

Please check one below:

\$30 deposit required with application to hold spot with remaining \$60.00 due at registration prior to Send-Off

\$30.00 enclosed \$30.00 paid online

Paid in Full

\$90.00 enclosed \$90.00 paid online

Questions? Call/text 270-866-1532 or email lcaecc@outlook.com