

**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 payment to:**

LCAECC

Vanessa Burton, Treasurer

820 Abrell Road

Columbia, KY 42728

The cost for providing food, lodging and supplies is \$135.00 per participant. You may mail a check payable to LCAECC along with the application. Please note on check who the payment is for.

\$30 deposit required with application to hold spot with remaining \$105.00 due at registration prior to Send-off.

\$30.00 check enclosed with \$105.00 to be paid at send-off.

\$135.00 paid in full

**Any Questions? Call or text 270-634-4986**