

The following should be completed by the sponsor(s)

Sponsors are asked to read the following statement carefully and give it their prayerful consideration.

Emmaus and Chrysalis are methods of Christian renewal in the church. Individuals who are recommended for Chrysalis should have an active desire to deepen their faith and their understanding of God's love and become closer to Christ in their daily lives and discipleship.

A sponsor is requested to provide information to the applicant, to assist him/her in the Chrysalis experience, and to provide transportation to and from the Chrysalis Weekend.

Name: _____

Address: *please provide Street No., City, State and Zip Code*

Home Phone: (____) _____

Work Phone: (____) _____

Church: _____

Pastor: _____

When did you make your Emmaus/Chrysalis weekend?

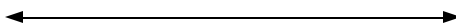
How long have you known the applicant?

Please furnish any additional comments that you feel could help the team understand and relate with the candidate. Comments about the candidate's family, personality, attitude towards life, doubts, difficulties, and hopes may be of significance.

Have you reviewed *The Steps of Sponsorship*? **Yes No**

*If you are sponsoring within 6 months of your weekend or more than one person on a single weekend, you **MUST** have a co-sponsor. **ALSO**, if you are under 18 years of age you **MUST** have an Emmaus adult co-sponsor. Others may also have co-sponsors to assist them. (Suggestion: Adult sponsors please*

Sponsor's Signature(s):



To be completed by the Co-Sponsor(s), if any:

Name: _____

Address *(please provide Street No., City, State and Zip Code)*

Home Phone: (____) _____

Work Phone: (____) _____

Church: _____

Pastor: _____

When did you make your Emmaus/Chrysalis Weekend?

How long have you known the applicant?

Will you assist ALL the sponsoring responsibilities?
Yes No

Co-Sponsor's Signature(s):

DELMARVA CHRYSALIS

THE YOUTH WALK TO EMMAUS

REQUEST FOR RESERVATION



This application should be filled out by the Candidate and the Sponsor and returned to:

Scott & Vickey Mohler
505 Dougfield Road
Newark, DE 19713
Email: svmohler@verizon.net

For additional information call:
Scott: 302-607-3061 Vickey: 302-593-0294

or
visit our web site:
<http://www.FlyWithChrist.org>

Application Date:

Full Name:

Nick Name:

Address (please provide Street No., City, State and Zip Code)

E-Mail Address:

Home Phone: (____) _____

Birth Date: ____/____/____

Sex: **Male** **Female**

Name of your High School:

Year of Graduation:

Church (Name/Denomination):

Do you have a job? **Yes** **No**

If Yes, What do you do?

Have you and your parents read the color brochure,
Ready For Your Chrysalis Flight!?

Yes **No**

In what church, school or community organizations are
you active?

From whom did you learn about this program?

Are you on a special diet? **Yes** **No**

Are you on a special medication? **Yes** **No**

Have you any limitations that require special preparations
for participation in Chrysalis? **Yes** **No**

Explain any "yes" answer to the three questions listed
above:

Please state briefly why you want to attend a Chrysalis
weekend, what you expect from it, and anything else you
wish to share:

Please note that no written confirmation should be ex-
pected as a result of this application. Once selected for a
weekend you will receive an invitation letter providing
additional information on the weekend and instruction
for acceptance. Any questions regarding the status of
this application should be addressed to the sponsor(s).

Applicant's Signature:

Parent/Guardian Signature(s):

**A completed
Applicant Information &
Release of Liability
form must accompany this request for
reservation.**

FOR DELMARVA CHRYSALIS ONLY	
Date application received:	_____
Date Invitation sent:	_____
Date sponsor letter sent:	_____
Confirmed: YES / NO	Paid: YES / NO