

CENTRAL CAROLINAS CHRYSALIS

Youth Application Form

Applicant first name _____ Last name _____
Desired name on name tag _____ T-shirt size S M L XL 2XL
Address _____ City, State, Zip _____
Female _____ Male _____ Birthday _____ Age _____ Grade _____
Cell phone _____ Other phone _____
Applicant's email _____
School you attend _____
Name & denomination of current church _____
Church address _____ City, State, Zip _____
Pastor's name _____
Special diet: Yes _____ No _____ If yes, please explain _____
Health or physical limitations: Yes _____ No _____ If yes, please explain _____
Religious/community involvement _____
Has Chrysalis been explained to you? Yes _____ No _____
Why do you want to attend and what expectations do you have? _____

To be completed by your Parent/Guardian

Parent Name _____ Phone (C) _____ (2) _____
Parent Name _____ Phone (C) _____ (2) _____
Alternate Contact _____ Phone (C) _____ (2) _____
Relationship of alternate contact _____
Parent/Guardian Signature _____ Date _____

Assurances

Sponsor's Name _____ Phone (C) _____ (2) _____
Address _____ City, State, Zip _____

Please enclose the early bird fee of **\$100** by the deadline of one week before your flight takes off. If you do not get your \$100 payment in beforehand, please plan to pay \$115 at the door when you arrive. Your deposit is non-refundable but is transferrable to another flight or participant. Checks should be made out to "**Central Carolinas Chrysalis**" or "**CCCC.**" The applicant is responsible to mail their payment along with **this application** and the **completed sponsorship form** to:

Central Carolinas Chrysalis
Attn: Registrar
PO Box 11812
Charlotte, NC 28220

You will be notified by your sponsor of your acceptance, and the dates and location of your flight. Please don't forget – **this form must be accompanied by a completed sponsor's form.**

Youth signature _____ Date _____

Postmark _____ Check name _____ Check number _____ Check amount _____