

**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 so, what? \_\_\_\_\_

Are you on medication? Yes No If so, list: \_\_\_\_\_

Do you have a health or physical handicap that may effect your attendance? Yes No

If so, please specify: \_\_\_\_\_

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

\_\_\_\_\_

Your Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

The cost for providing food, lodging and supplies is \$90.00 per participant. You may mail in a check or pay on line at [www.lcemmaus.org](http://www.lcemmaus.org)

**Lake Cumberland Area Chrysalis Request for Reservation**

**Please check one:**

**SPONSOR - Mail completed application to:**

- \$90.00 enclosed (paid in full)
- \$30.00 enclosed (required with application to hold spot).

**Genetta Kinney  
18 Zacks Landing  
Somerset KY 42503**

**NOTE: Sponsor balance of \$60.00 due at registration prior to Send-Off.**

**Questions? Call or text (606)271-9185**

**TO BE FILLED OUT BY SPONSOR: (When both sides are filled in, mail to registrar include your deposit)**

Sponsor's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

Name of church you attend: \_\_\_\_\_

Your Flight/Walk Number: \_\_\_\_\_

When and Where did you make your Flight/Walk to Emmaus? \_\_\_\_\_

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

Candlelight? Yes No The Closing? Yes No

Please circle each appropriate adjective and comment as necessary.

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

Leadership: Fair / Good /Excellent / Church/ School /Athletic / Musical /Other: \_\_\_\_\_

Maturity: Average/ Mature / Very Mature

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

Comments:

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Revised 10/14/18