



**SOUTHWEST TEXAS CONFERENCE  
\*BUTTERFLY PILGRIM APPLICATION\***

PLEASE TYPE OR PRINT LEGIBLY IN INK

- **ALL 4 SIGNATURES ARE REQUIRED BEFORE FORM CAN BE PROCESSED**
- RETURN THE COMPLETED FORM TO YOUR SPONSOR, SO THEY MAY FILL IN THEIR SECTION.
- **IF YOU HAVE NOT RECEIVED NOTIFICATION OF RECEIPT, PLEASE CALL THE OFFICE OF THE REGISTRAR AT TOLL FREE 888-349-4193.**
- **REFUND POLICY:** THE FULL FEE MINUS \$25.00 WILL BE REFUNDED TO THE ISSUER OF THE CHECK UP TO 7 DAYS PRIOR TO THE BEGINNING DATE OF THE FLIGHT. IF YOU CANCEL ANY TIME AFTER THE 7 DAYS, YOU WILL FORFEIT 100% OF THE FEE. IF YOU NEED TO LEAVE AT ANY TIME DURING THE WEEKEND, YOU WILL NEED TO RE-APPLY AND PAY THE FEE AGAIN. **WAIT LISTED BUTTERFLIES** WILL RECEIVE A FULL REFUND IF THEY ARE NOT ABLE TO ATTEND A FLIGHT BY AUGUST 31<sup>ST</sup> OF THE SAME YEAR.
- **\*YOU MUST SUBMIT A BACKGROUND CHECK TO THE CONFERENCE IF YOU ARE 18YRS OR OLDER WHETHER YOU ARE A BUTTERFLY OR TEAM MEMBER\***

<b>Chrysalis requested:</b>			
<b>1<sup>st</sup> Choice Flight #</b>	_____	<b>Date</b>	_____
		<b>2<sup>nd</sup> Choice Flight #</b>	_____
		<b>Date</b>	_____

**SECTION A: CANDIDATE INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name Tag: \_\_\_\_\_

Male  Female  DOB: \_\_\_\_/\_\_\_\_/19\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

Church Name and the denomination presently attending \_\_\_\_\_

School: \_\_\_\_\_ Grade Level Fall 2008: \_\_\_\_\_

Has Chrysalis been fully explained to you?  Yes  No Has Post Flight follow up been explained?  Yes  No

Name of the Local Chrysalis Next Step or Emmaus 4<sup>th</sup> Day Group for Post Flight gatherings that you would be attending (check with your sponsor if unclear what the name is) \_\_\_\_\_

**SECTION B: COVENANT OF CONDUCT**

(1) The daily schedule will be followed at all times by participants (2) No alcohol. (3) No illegal drugs. (4) No inappropriate sexual behavior. (4) No willful destruction or abuse of property. Cost of repairs will be paid by those responsible for damage. (5) ALL medication will be listed with the designated adult. (6) Fireworks, firearms, skateboards or skates, radios, tape or CD players, and cameras or any other items that may interfere with the purpose of the event are not allowed. (7) Misuse of snack food, which includes the ordering or delivering of food items, is not allowed. (8) No one may leave the site of the event. Cars brought by youth are to be parked and not moved until the end of the event. *Violation of Points 2-8 will result in the immediate expulsion of the participant from the event and parents and pastors will be called.* (9) Total cost will be paid by each applicant regardless of the amount of time spent at the event. (10) Tobacco use allowed only in designated areas.

**I have read the COVENANT OF CONDUCT and I agree to abide by all rules described therein.**

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section C: Medical Information**

The applicant is taking the following medications: \_\_\_\_\_

**All prescriptions must be sent in the original container, labeled with instructions and content.**

Do you have special Health issues or Non Food Allergies that would affect your participation on the Flight?  Yes  No

**If YES~ Please explain:** \_\_\_\_\_

Do you have any Handicaps that would affect your participation on the Flight?  Yes  No

**If YES~ Please explain:** \_\_\_\_\_

Are you on a special diet or have Food Allergies?  Yes  No

**If YES~ Please explain:** \_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_ Doctor's Name/Number: \_\_\_\_\_

**SECTION D: INSURANCE INFORMATION**

Name of Insured (Relationship): \_\_\_\_\_ ID#: \_\_\_\_\_

Group/Policy #: \_\_\_\_\_ Eligibility Phone Number (Member Services): \_\_\_\_\_

Insurance Carrier Name/Address: \_\_\_\_\_

**SECTION E: Parent/Guardian Information and Signature**

Parent/Guardian: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) - \_\_\_\_\_ Work Phone (\_\_\_\_) - \_\_\_\_\_ Cell Phone (\_\_\_\_) - \_\_\_\_\_

Email address: \_\_\_\_\_ Pager (\_\_\_\_) - \_\_\_\_\_

**Please check all accepted statements before signing this application:**

My child, identified on this application, has my permission as parent/legal guardian to attend the Chrysalis event on the dates outlined on this application. During the event, I may be reached at the numbers above

I understand that my child will be in the care of the adult volunteers of the Chrysalis Team. In the event that I cannot be contacted in an emergency situation, I hereby give my consent for medical treatment to be administered to my son/daughter under the supervision of a Chrysalis adult volunteer. I agree to be responsible for all expenses incurred in the treatment of my son/daughter.

Yes  No May we publish your telephone number and home address on lists of participants distributed to other butterflies and team members during the event?

Yes  No I would like my child to receive information by mail/email about up coming events sponsored by:  
 The Local Chrysalis / Emmaus Group  The Southwest Texas Conference UMC  The Upper Room

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION F: SPONSOR'S SECTION**

Sponsor's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) - \_\_\_\_\_ Work Phone (\_\_\_\_) - \_\_\_\_\_ Cell Phone (\_\_\_\_) - \_\_\_\_\_

Email address: \_\_\_\_\_ Pager (\_\_\_\_) - \_\_\_\_\_

Chrysalis FLIGHT and JOURNEY retreats are designed to deepen the relationship young men and women have with Christ. It is a time of self-discovery and spiritual centering. **Sponsors should consider carefully whether their candidate has the maturity to truly benefit from the Chrysalis event.** Candidates for Chrysalis should understand the nature of the weekend and be willing to engage in the discussions and self-reflection necessary to make Chrysalis a meaningful experience. *Every sponsor should reflect upon his or her motivation for wanting to sponsor a young person and make sure it is consistent with the purpose of Chrysalis.* Some examples of mistaken purpose include: "to get all my friends to go"; to have a full weekend; to reproduce one's own religious experience in others; to "fix" a young person's problems or crisis.

After prayerful consideration, I would like to propose that this applicant, who has been attending \_\_\_\_\_ (church) as a candidate for the Chrysalis event. I have known this applicant for \_\_\_\_\_ (mo/yr) and I think this is a good time for this candidate to attend a Chrysalis. I understand that my responsibilities as a sponsor include: prayer for my candidate leading up to and during the event, as well as participation in the sponsor's events during the weekend, and any other duties outlined to me as a sponsor. I will make every effort to fully participate in the Chrysalis event for my candidate.

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Church Leader, Pastor, or Youth Director Section**

I understand the purpose of the Chrysalis weekend, and agree that \_\_\_\_\_ is spiritually and emotionally mature enough to benefit from the Chrysalis experience at this time. (PLEASE PRINT)

Name: \_\_\_\_\_ Church: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Check made payable in full to "Treasurer, Southwest Texas Conference"**  
**Mail this completed form and fee to: Emmaus Registrar, 16400 Huebner Rd., San Antonio, TX 78248**

*Instructions for completion of Southwest Texas Conference  
Chrysalis Butterfly Application*

In accordance with the policies established by the Board of Directors, I ask that you take special note of the following questions on this Pilgrim Application. The Board has directed the Registrar to return any applications in which these questions are not fully answered and to request additional information before accepting the application.

**INFORMATION REGARDING YOUR CHURCH MEMBERSHIP**

Because Chrysalis is not intended to make disciples, but rather strengthen those who are already disciples, persons accepted for a Chrysalis Flight are expected to be ACTIVE members of a CHRISTIAN congregation. **ALL EXCEPTIONS TO THIS POLICY** must be approved in advance by the Community Spiritual Director(s), please make note of this before you send the application in. Otherwise the form may be returned.

Please indicate on the form the NAME and DENOMINATION of the congregation of which you are an active member.

Persons who are members of one congregation but are actively attending another congregation should confront the issue where GOD is calling them to service and make a commitment to a worshipping community before applying for a Chrysalis Flight, so that they are ready to participate FULLY in that community upon their return from the Chrysalis Flight.

**HAS THE CHRYSALIS FLIGHT BEEN EXPLAINED TO YOU?** - make sure you are fully aware of what the Chrysalis Flight is all about, if you have a question, please ask your sponsor for more information. Your sponsor should not sign this form until he/she has explained Chrysalis and its follow up to you.

**INFORMATION ON SPECIAL NEEDS**

It is especially important to know if you have any special needs or challenges. It is rare that any such need cannot be met, but so that you can participate fully in the Chrysalis Flight, we would like to know as far ahead as possible, **in order that** we can make your Flight a fulfilling experience for you. **NONE OF THIS INFORMATION WILL BE RELEASED EXCEPT TO THOSE RESPONSIBLE FOR MEETING YOUR NEEDS.**

**SIGNATURES REQUIRED ON THE FORM**

There are four signatures that are REQUIRED for reservation. All of them need to be present or the form will be returned to you for completion, delaying your reservation. **IT IS THE RESPONSIBILITY OF THE SPONSOR TO SEE THAT THESE SIGNATURES ARE ALL PRESENT!**

1. **YOUR SIGNATURE** -This is your free commitment to accept God's invitation to attend the Flight. There-fore, the form must be signed by you personally, not your sponsor, spouse, friend, or parent (they cannot make such a free commitment for you). You are also agreeing to abide by the Code of Conduct of the Flight.
  2. **YOUR PASTOR'S SIGNATURE** - This signature is the commitment of the clergy member of the congregation that you serve to work with you in developing your service to God after the Flight. The clergy member does not have to have been on a Flight him/herself, however, the Flight is not intended to bypass or usurp the authority of the pastor of your congregation in any way. IF your pastor is opposed to your attending a Flight, it will be difficult for you to serve effectively after your Flight, and you may feel frustrated and discouraged. Your SPONSOR or the Spiritual Director of the Community may contact the Clergy member if he/she is hesitant or uncertain. **OBVIOUSLY IT IS MEANINGLESS TO HAVE ANY MINISTER OTHER THAN YOUR OWN SIGN THIS FORM, SINCE THAT WOULD COMPLETELY DEFEAT THE PURPOSE OF THE PASTOR'S SIGNATURE.**
  3. **YOUR PARENT'S SIGNATURE:** - Giving permission for your participation in a Chrysalis Flight.
  4. **YOUR SPONSOR SIGNATURE** - This is your sponsor's commitment to both you and to the Chrysalis Community, that he/she is willing to help you prepare for your Flight, care for your family while you are away, and help you become more active in service after the Flight. This signature emphasizes the great importance the Chrysalis Flight places on your sponsor.
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