



NORTH MISSISSIPPI CHRYSALIS CROSSROADS
REQUEST FOR RESERVATION

Feb. 2009



Mail to: Frances Borland
803 19th Avenue North
Columbus, MS 39701
662-328-6888

Please indicate choice of dates:
Boy's week-end date: _____
Girl's week-end date: _____

****To be filled out by the participant. Please print or type****
****Send this application in along with the SPONSOR SHEET****

Name: _____ Date of Application: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____

College Attending: _____ Classification: _____

College Mailing Address: _____

E-Mail Address: _____

Date of Birth: _____ Sex: Male / Female T-Shirt Size: S M L XL XXL

Name to be put on name tag: _____

Name and Address of Church: _____

Denomination of Church: _____ Pastor: _____

Religious and/or Community Organizations: _____

If you work, what type work do you do: _____

Has Chrysalis Crossroads been explained to you? _____

Has the follow-up of Group Reunions and Gatherings been explained to you? _____

Briefly tell why you want to participate in Chrysalis and what you expect from it:

Sponsor Name: _____ Phone: _____

Home Address: _____

School Address: _____

Name of Adult Co-Sponsor (it is recommended that every participant have a co-sponsor from the Chrysalis or Emmaus Community):

Adult Sponsor Name: _____ Phone: _____

Address: _____

E-Mail Address _____

Urgent! Please read and fill in if you are under the AGE OF 21

_____ has my permission to attend the Chrysalis week-end. In the event of an emergency and if I cannot be reached by phone, the Chrysalis staff has permission to secure the service of a licensed medical professional to provide necessary care, including anesthesia, for my child's well-being, signed:

(Parent/Guardian) _____ Phone: _____

If I cannot be reached, please call _____ Phone: _____

Please list medical allergies, medication being taken, medical problems, special diet, or other pertinent information:

Please read this: All of the above information is necessary for proper placement in a Chrysalis Weekend. Fill in all blanks. Please enclose a pre-registration deposit of \$25.00. This will be applied toward your contribution of \$100.00 which partially offsets the expenses of your week-end. This deposit is not refundable unless there are no openings for you. Make your check payable to North Mississippi Chrysalis. You will be notified of your acceptance and the date of your Week-end.