



NORTH MISSISSIPPI CHRYSALIS CROSSROADS  
SPONSOR SHEET

Feb. 2009



**To be filled out by sponsor and sent in with participant's request for reservation**

Participant's Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Youth Sponsor: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

MUST HAVE an Adult Sponsor: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Where did you make your Chrysalis, Crossroads, or Walk to Emmaus? \_\_\_\_\_

When? \_\_\_\_\_ Walk Number? \_\_\_\_\_

Are you now in a reunion group? \_\_\_\_\_ How many participants have you sponsored in the last year? \_\_\_\_\_ Are you praying and sacrificing for your participant? \_\_\_\_\_

How long have you known this participant? \_\_\_\_\_

Why do you feel that this person would be a good participant for Chrysalis Crossroads?

\_\_\_\_\_

Please list any physical limitations that the participant has that the Team will need to know: \_\_\_\_\_

Does the participant have the physical and mental health needed for a Chrysalis Crossroads Week-end? \_\_\_\_\_ Is the participant under any temporary emotional strain that might indicate his or her week-end should be postponed? \_\_\_\_\_ Are you able and willing to assist the participant to get into a reunion group? \_\_\_\_\_ Have you explained the post-weekend Community Gatherings? \_\_\_\_\_ Will you bring the participant to the Weekend site? \_\_\_\_\_ Will you attend Sponsor's Hour? \_\_\_\_\_ Candelight? \_\_\_\_\_ Closing? \_\_\_\_\_ Are you aware of the importance of minimal contact with your participant during the weekend? \_\_\_\_\_ Does the participant need any scholarship assistance? \_\_\_\_\_ If so, please write and give details.

**Mail to: Frances Borland, 803 19<sup>th</sup> Avenue North, Columbus, MS 39701  
662-328-6888**