



National Capital Area Chrysalis Application to Attend a NCAC Weekend



*National Capital Area Chrysalis is an independent, ecumenical fourth-day community.
It is NOT affiliated with the Upper Room®, Chrysalis®, or Chrysalis International®, Inc. programs.*

Application for : <input type="checkbox"/> High School weekend (age 14 and finishing 1st semester of 9th grade -Senior)		<input type="checkbox"/> HS student Grad Yr _____		Today's date		
(only check one) <input type="checkbox"/> Young Adult weekend (HS Graduate through age 24)		<input type="checkbox"/> HS graduate <input type="checkbox"/> College student				
Full name (Print clearly)			Name you go by (nickname)			
Home address (include Apt #)			City	State	Zip	
Home phone	Cell phone	Email address				
School or College name		Full address at college (if applicable)				
College/ work phone	College/ work email address			<input type="checkbox"/> Female	Date of Birth	
			<input type="checkbox"/> Male			
Name of Your Church and Denomination		Location		Minister's name		
In what religious, community, or school organizations are you active?						
Briefly state why you wish to attend a NCAC weekend, what you expect from it, and anything else about yourself or faith you want to share:						

From whom did you learn about Chrysalis?		Do you play a musical instrument? If yes, which? _____		T-shirt size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> _____		
Please specify any special dietary needs, health problems, or any physical handicap we should be aware of:						
Are you taking medications (prescription or over-the-counter)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:						
FOR ALL APPLICANTS	Emergency Contact		Relationship	Home phone	Cell phone	Work phone
	Hospital Preferred		Health Insurance Company		Policy number	
FOR APPLICANTS UNDER AGE 18: TO BE COMPLETED BY PARENTS/ LEGAL GUARDIANS & MUST BE NOTARIZED						
Father's Name		Home phone	Cell phone	Work phone		
Mother's Name		Home phone	Cell phone	Work phone		
I/ We, Parent /Guardian of _____, authorize immediate medical care during the NCAC Weekend if an emergency when I/ we cannot be located immediately.						
Signature of Parent/ Guardian _____ Date _____						
<i>(Must be signed in front of Notary Public)</i>						
State/ Commonwealth of _____, City/ County of _____, to wit:						
SUBSCRIBED and sworn to before me this _____ day of _____, 2_____.						
My Commission Number: _____						
My Commission Expires: _____						
NOTARY PUBLIC						
APPLICANT: It is important that you fill in all information requested to help us prepare for the weekend. An application fee of \$30.00, payable to "National Capital Area Chrysalis" or "NCAC", must accompany this application. There will be NO additional cost to you for the weekend. Tobacco/ alcohol/ illegal substance use is strictly prohibited. Failure to comply can result in dismissal from the weekend.						
Applicant Signature			Name of Sponsor			

Please return this APPLICATION and the \$30.00 APPLICATION FEE to your sponsor

Application to Attend a National Capital Area Chrysalis (NCAC) Weekend Sponsor's Section

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National Capital Area Chrysalis (NCAC) is the name chosen for the Youth and Young Adult National Capital Area Emmaus experience because it symbolized faith grown in the lives of youth - the spiritual growth that is necessary to successfully enter adulthood. It is a crucial time of maturing faith for discipleship. The mission of National Capital Area Chrysalis is to share the love of Jesus Christ with youth and young adults, supporting them in their relationship with Christ and encouraging their service in local churches and communities.

As a sponsor, you will provide information to the applicant and their parents/ guardians to help with the decision to attend a weekend, to help the applicant enter fully into the NCAC fellowship after the weekend, and to provide prayer, support, and transportation to and from the weekend and the Day of Deeper Understanding (DDU).

Sponsorship is a tremendous responsibility and must be entered into prayerfully and faithfully.

TO BE COMPLETED BY THE SPONSOR

Full name (Print clearly)		Home phone	
Home address (include Apt #)		City	State Zip
Cell phone	Email address		
School or College name	Full address at college (if applicable)		
College/ work phone	College/ work email address		
Name of Your Church and Denomination		Location	Minister's name
What is the name of the Chrysalis/ Emmaus/ Cursillo community where you made your walk and what was the number of your weekend and date?			

- Yes No I have attended a Day of Deeper Understanding (DDU) and have a full understand what sponsorship involves.
- Yes No I am fully aware of the cost of the weekend and understanding it is my responsibility to arrange for full payment.

The following checklist will assist you in providing the appropriate information to the parents/guardians of the applicant:

- Front of the application is complete -- all information is present and printed clearly (incomplete application *will* be returned).
- Application has been Notarized (for applicants under 18)
- \$30.00 application fee is enclosed**
- Scheduled events for the weekend have been discussed with the applicant's parents/ guardians
- Mode of transportation has been discussed with applicant and applicant's parents/ guardians
- Transportation (is being provided by _____)

Sponsor's Signature	Date
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Additional comments:

Mail this application and the application fee to:
National Capital Area Chrysalis
Caterpillar Applications
PO Box 185
Occoquan, VA 22125-0185

Registrar's Use Only	
Date Received _____	Check Number _____
Date Invited _____	Date Accepted _____
C- _____	Weekend Dates _____