

Northeast Ohio Chrysalis
Flight (15-18 Years Old, High School Sophomore-Senior) Information
Candidate

Which flight will you attend at Camp Wanake in Beach City, OH

Boys – June 3-5____ Girls – June 10-12____

Name:_____Name on Badge should read:_____

Home Address:_____City/State/Zip:_____

Home Phone (____)_____Candidate Cell Phone (____)_____

Birth date:_____High school graduation year:____School _____

Email (Please print clearly):_____T-shirt size: S M L XL

Parents'/Guardians' Names: _____

Address (if different):_____

City/State/Zip:_____Phone (____)_____

Church:_____Pastor's Name:_____

Address:_____

City/State/Zip:_____Phone (____)_____

List school, community and/or religious organizations in which you are currently active:

State briefly why you wish to participate in a Chrysalis Flight and what you expect:

Your signature: _____(Note - Camp Wanake is a non-smoking facility)

TO BE COMPLETED BY PARENT OR GUARDIAN

Does your teen have any health conditions, physical handicaps, allergies, medication or dietary restrictions that need to be brought to the attention of the staff?(If YES, please explain.)

_____has permission to attend the Chrysalis Weekend. In the event of an emergency, the Chrysalis staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well being.

Parent/Guardian Signature_____Date_____

Phone (____) _____

If I/We cannot be reached, call _____

Phone (____) _____Relationship _____

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Sponsor

Candidate's Name _____ Date of Flight: Boys June 3-5 @ Camp Wanake

Sponsor's Name _____ Girls June 10-12 @ Camp Wanake

Address _____ Phone(_____) _____

City/State/Zip _____ Email _____

Weekend you attended _____ Date _____

Are you in a reunion group? YES/NO

Do you attend gatherings? YES/NO

How long have you known the candidate? _____

Why do you think your candidate will benefit from a Chrysalis Flight Weekend?

Does the Candidate have areas of sensitivity that can be shared with the Lay Director?

Have you explained: Chrysalis Site YES/NO Transportation YES/NO to the candidate?
that parents can attend closing? YES/NO

Have you invited parents to: send-off YES/NO and Closing? YES/NO

Please indicate who will be paying the \$150 expense of the weekend: \$____ Candidate
\$____ Sponsor/\$____ Church/\$____ Other (Partial scholarship available. Contact registrar.)

Sponsor's signature represents an understanding of the sponsor's responsibilities and
commitment to support the candidate. (NEOC recommends youth have an adult co-sponsor)

Sponsor's signature _____ Co-Sponsor's signature _____

Pastor, your signature represents that, to the best of your knowledge, the candidate has
the physical and mental health needed for the Chrysalis Flight weekend and is an active
member in the congregation.

Pastor's Name (print) _____ Phone(_____) _____

Signature _____ Date _____

Please send Candidate & Sponsor forms with \$50 deposit fee (made payable to NEOC) to:

Northeast Ohio Chrysalis
c/o Denny Hoxie
1297 Summit Dr.
Mayfield Heights, OH
44124

Direct questions to Denny Hoxie, Registrar, at (440) 520-4095 or dlhoxie@hotmail.com

Note: Deposit is non-refundable after the Saturday prior to the event (except for extenuating
circumstances like a death in the family)

Registrar must receive these forms no later than 2 weeks prior to the Flight date.