

Please print and fill out all questions below so that we can better meet the needs of student,

THE UPPER ROOM®					
Name of student:	Nickname (for name tag)				
Name of student: Nickname (for name tag) Address: City/State/Zip Birth Day: Birth Day:					
Home phone: Student cell phone:	me phone: Student cell phone: Birth Day:				
Circle: Male Female Student email address:	Circle: Male Female Student email address:				
Circle: Male Female Student email address: Parents names: Parent cell phone #: Parent email					
Parents address:					
Parents address: Name of Church: Phone number of Church: Name of Church Youth Pastor:					
Thore number of charen Name of charen Touri Lastor					
Address of Church:					
(Street/City/State/Zip)					
Medical Does student have any medical conditions or physical needs wh	information nich require special consideration? Circle: Yes No				
If yes, explain:					
Allergies (i.e. bee sting, food, latex, etc.):					
Is student taking any medications? Circle: Yes No Explain:					
Does student require any special foods?					
Medical Insurance Company:	Policy I.D. #:				
Secondary Insurance (if any):	Policy I.D. #: Phone #:				
Alternate contact:	Phone #:				
HIGH SCHOOL ONLY	COLLEGE/CAREER ONLY				
Grade level:	Year: Major:				
Name of H. S.:	Career: Organizations/Clubs in which student is active:				
Organizations/Clubs in which student is active:	Organizations/Clubs in which student is active:				
Areas of interest: (athletics/drama/music, etc)	Number where student can be reached other than home:				
The about (uniform draine maste, etc)	() cell #:				
	Name of college:				
	High school attended:				
To be completed by parent or guardian of minor:					
	Chrysalis weekend. In the event of an emergency, the Chrysalis				
staff has my permission to secure the services of qualified medi	cal personnel to provide the care necessary for my child's well				
being:					
Signature parent/guardian	Date				
FOR STUDENT: Has Chrysalis been explained to you? Yes					
what you expect from the flight:					
Applicant's signature:					
Please enclose a registration fee of \$100.00 with the application	n. Make checks payable to the Greater Indianapolis Area Emmaus				
Community. You will be notified by the registrar of your acc	eptance with the date and location of your flight. Please send the				
completed application and fee to the Registrar:					

Mike Dutton c/o Greater Indianapolis Emmaus Community, PO Box 1461, Greenwood, IN 46142 email: mikemdutton@gmail.com

Please complete both pages of the form

SPONSORS

This section is to be completed by the sponsor and a pastor, youth counselor, teacher, or coach who knows the applicant well. This information will help us place an applicant in appropriate groups. All information is kept in strict confidence. This applicant will not be included on the flight unless a completed reference form is received.

Sponsor's name: Sponsor's home phone #:		Sponsor's cell #			
Sponsor's nome phone #:					
(Street/City/S	state/Zip)				
Sponsor's email address:	• •				
Sponsor's email address: How long have you known the applican	<u> </u>	In what capacity:			
-					
PLEASE CIRCLE APPROPRIATE	_				
Maturity:	Low	Average Mature	Very mature		
Psychological adjustment:	Poor	Average Good	Excellent		
Relationship with peers:	Quiet/shy	Reticent Domineering	Well liked		
Dia i a i make entire terist					
Briefly describe how the applicant might react when placed in a situation not completely familiar:					
Please furnish any additional information	n below that might	t help the team understand and de	al more effectively with the needs of		
the applicant (home life, doubts, hopes,	difficulties, faith/v	alues, etc.):			
Sponsor: College/Career only – to be	completed by the	sponsor:			
How long have you know the applicant?	·	What capacity?			
Why do you think this person would be					
Please make any additional comments y	ou believe will be l	helpful or should be brought to the	ne attention of the Spiritual Director		
and Team (including mental health, spir	itual, or emotional	concerns.)			
and Team (including mental health, spiritual, or emotional concerns.)					
FOD ALL APPLICANTS:					
FOR ALL APPLICANTS:					
		Sponsor's signature:			
FOR ALL APPLICANTS: Sponsor's name:		Sponsor's signature:			
		Sponsor's signature:			
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Sponsor's name: Thank you for your time and interest i			unity. Additional information can be		
Sponsor's name:			unity. Additional information can be		
Sponsor's name: Thank you for your time and interest i obtained at either www.indyemmaus.co	rg	anapolis Area Chrysalis Commu	•		
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Thank you for your time and interest i obtained at either www.indyemmaus.c Please enclose a registration fee of \$10 Emmaus Community. You will be no	org 0.00 with the appl tified by the regis	anapolis Area Chrysalis Commu lication. Make checks payable to strar of your acceptance with the	o the Greater Indianapolis Area		
Thank you for your time and interest i obtained at either www.indyemmaus.c	org 0.00 with the appl tified by the regis	anapolis Area Chrysalis Commu lication. Make checks payable to strar of your acceptance with the	o the Greater Indianapolis Area		
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