



SON VALLEY CHRYSALIS APPLICATION FORM 2010



THIS FORM NEEDS TO BE COMPLETED IN **FULL** BY THE APPLICANT AND SENT TO
THE REGISTRAR

Richard Hearn: Cell: 083 302 3164 • sonchrysalis@mweb.co.za • Fax: 086 684 0027

The Registrar will confirm the Pilgrim's attendance with both the Sponsor and the Pilgrim

PLEASE KEEP THE INFORMATION FORM FOR YOURSELF

TO BE COMPLETED BY THE APPLICANT: (Please print clearly' in all the blank spaces)

NAME	
SURNAME	
DDMMYYYY	
EMAIL ADDRESS	
POSTAL ADDRESS	
RESIDENTIAL ADDRESS	
CELL NO	
TEL NO HOME	
TEL NO WORK	
HOME LANGUAGE	
CHURCH	
CURRENT INVOLVEMENT	
MINISTER	

Male
 Female
 Single
 Married
 Divorced
 Widowed

Scholar
 Student
 Working
 Grade/Year/Type of work _____

I would like to attend:
 Young Adults Journey
 Chrysalis Flight

2010 Chrysalis Dates at eMseni, Benoni		
Please indicate which walk you would like to serve on:	Diarise and please tick appropriate box:	
Flight Girls #65 (15yrs - 18yrs of age)	18 th - 20 th June	
Flight Boys #66 (15yrs - 18yrs of age)	25 th - 27 th June	
Journey Ladies #67 (Young Adults post Matric/Grade 12 upwards +28yers on discretion of Sponsor)	27 th - 29 th Aug	
Journey Guys #68 (Young Adults post Matric/Grade 12 upwards +28yers on discretion of Sponsor)	03 rd - 05 th Sep	

PLEASE CONTINUE OVERLEAF



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Please specify any special conditions that may affect your experience of the Flight/Journey; i.e. special medical conditions, handicap, special medication, special diets, allergies etc.:

Your Church name and denomination: _____

Briefly state your current church involvement (include if you sing or play any musical instruments):

State briefly why you wish to attend Chrysalis:

While you are on CHRYSALIS, it may be necessary to contact a friend or family member. Please give us the names and telephone numbers of three close family members or friends:

1. Name _____ Tel. No. (_____)
2. Name _____ Tel. No. (_____)
3. Name _____ Tel. No. (_____)

SIGNATURE OF APPLICANT

DATE OF APPLICATION

INDEMNITY (To be signed by parent/guardian if under 21):

Son Valley, Chrysalis or any associated organisation, does not take any responsibility for any loss or injury during the Chrysalis Journey/Flight.

Signed: _____ Relationship: _____

TO BE COMPLETED BY THE APPLICANT'S HOME CHURCH MINISTER/PASTOR:

Name: _____ Signature: _____



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TO BE COMPLETED BY THE SPIRITUAL SPONSOR:

A Pilgrim's attendance at a Walk needs to be prayerfully considered and is dependent on you as a Sponsor fulfilling your obligations. Please carefully read and confirm the completion of the Sponsors Form with your responsibility to indicate that this Sponsorship has been approached appropriately. These forms **MUST** be returned with the Pilgrims Application Form before the Registrar will consider the application.

The Registrar will confirm the Pilgrim's attendance with both the Sponsor and the Pilgrim.

I accept the commitment as a Spiritual Sponsor and understand my responsibilities.

NAME	
SURNAME	
DDMMYY	
EMAIL ADDRESS	
POSTAL ADDRESS	
CELL NO	
TEL NO HOME	
TEL NO WORK	
CHURCH	
MINISTER	
CURRENT INVOLVEMENT	
FLIGHT/JOURNEY/WALK #	
SERVED PREVIOUSLY AS	

Sponsor's Signature: _____ Date: _____

FINANCIAL NOTES:

Financial constraints should not hinder any applicant from attending Chrysalis. If there are any problems, please contact the Registrar. Payments requested to be made by first choice of EFT Transfers or deposits into Banking

Account Details of: **EMMAUS SON VALLEY, STANDARD BANK,
BENONI BRANCH (013042), ACCOUNT NUMBER 022419071**

by Monday 07th June for Flights and Monday 16th August 2010 for Journeys.

FOR OFFICE USE ONLY	
Date form received: _____	Walk No.: _____ Date of Walk: _____
Payment received: <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE No. and date _____	
<input type="checkbox"/> EFT	
Received R _____ To pay R _____	Receipt No. _____
Letter of acceptance of application: 1 _____ 2 _____	
Letter for sponsor follow up: 1 _____ 2 _____	
Pilgrim Confirmed attendance date/Cancelled _____	Postponed to: _____