



**Pathway East Georgia Chrysalis
Support Team Information and Fee Form**



PATHWAY EAST GEORGIA CHRYSALIS WEEKEND DATES

Boy's Flight # _____

PERSONAL INFORMATION

All information will be kept confidential and will remain with the 72hr Coordinator until the end of the Flight at which time it will be destroyed.

Please Print Clearly:

Date: _____ Area where you are serving during the walk: _____

Name: _____ Sex Male Female Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Email Address: _____

Church Name: _____ Emmaus/Chrysalis "type" movement you attended: _____

Marital Status: _____ Spouse's Name: _____

MEDICAL INFORMATION

Do you have any health issues or allergies? Yes No If yes, please explain (include severity of allergy): _____

Do you have special dietary needs? Yes No If yes, please explain: _____

Are you taking medication? Yes No If yes, please list the name of the medication, the amount you take and the time it is taken: _____

FIRST AID TRAINING

Are you currently certified as a First Responder? Yes No Are you AED and 1st Aid/CPR Trained? Yes No

Are you a Medical Doctor Yes No Nurse Yes No EMS Yes No Other medical professional Yes No

FLIGHT FEES AND T-SHIRT FORM

Walk Fees are \$85 for the weekend or \$30 per day for less than the whole weekend.

Please mark the days that you plan to work: Saturday Sunday Monday x \$30 \$ _____

Or: All Weekend \$85 \$ _____

T-shirt Size and Quantity: S M L XL XXL XXXL x \$14 \$ _____

(Deadline for t-shirt order is approximately 4-5 weeks before the flight.)

If requesting a scholarship please indicate here:

Please make checks payable to "Pathway East Chrysalis" **Total Due** \$ _____

Please mark the nights you plan to stay at the camp: Friday Saturday Sunday

If you have a bunk preference (not guaranteed) please indicate here: Top Bottom

Do you plan on bringing any snack or oven agape, if so please describe: _____

YOUTH VOLUNTEERS UNDER 18 MUST HAVE A PARENTAL PERMISSION SLIP SIGNED BEFORE THE WEEKEND.

Please return this form and payment to your 72hr Coordinator as early as possible.

This form must be on file prior to the Flight weekend!

72hr Coordinator Boy's Flight #7
Collins Young
57 Forsyth St NW, Unit 10G
Atlanta, GA 30303