



# Mountain Ridge Chrysalis Big House! Application

**This application is for (circle one) JOURNEY CHRYSALES Weekend Date:** \_\_\_\_\_  
 Nights Sleeping in Big House (Circle All That Apply):      *Overnight*      *1st Night*      *2nd Night*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Age: \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

E-mail Address (please write clearly) \_\_\_\_\_

Are you on special medication or a diet (including vegetarian)? YES NO If yes, explain \_\_\_\_\_

Do you have any health problems or physical handicap that may affect your attending the weekend?  
 YES NO If yes, please specify \_\_\_\_\_

What was your original Flight or Journey? \_\_\_\_\_

I would like to serve in the Big House! for the weekend listed above. I promise to participate fully and support the team activities of the Big House!. I understand my service begins at Sponsor's Hour on day one and ends following the candlelight service on day two. I have the option to work on day three to pray, serve, and help clean up. I am willing to commit my service, work, and prayer for this weekend to the advancement of God's Kingdom. I will come with my heart prepared to grow, share, and serve.

**\*\*If you are 18+ years old, you must complete a background check to attend the Big House!\*\***

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*NC consumption laws for tobacco products say: For any person under the legal age of 18, the use of tobacco products is a misdemeanor crime. The use of cigarettes & smokeless tobacco products will not be allowed if you are under the age of 18.**

**– This section to be completed by parent or legal guardian for candidates UNDER 18 YEARS OLD –**

\_\_\_\_\_ has my/our permission to attend the Chrysalis weekend. In the event of an emergency and if I cannot be reached by phone, the Chrysalis staff has my/our permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well-being. I will not hold Camp Tekoa, Camp Living Water, The Upper Room, or the Mountain Ridge Chrysalis Board responsible for any accident/emergency in which my/our child(s) may be involved in.

Date & Time he/she has permission to leave the Big House: \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Other \_\_\_\_\_

Please list any medical allergies, medications being taken, medical problems or other pertinent info \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Mail with \$45 payment to:** Mountain Ridge Chrysalis "Big House," PO Box 1437, Asheville, NC 28802  
**Need-Based Full & Partial scholarships are available but must be requested BEFORE the weekend starts.**

**Questions?** Call or e-mail:

Vickie Wilson (704) 982-6450 or (828) 342-2835

BigHouse@mountainridgechrysalis.org • <http://www.mountainridgechrysalis.org>