



All Scholarship Requests should be turned by the Monday prior to the flight.

Big House Application

~ MUST BE COMPLETELY FILLED OUT ~

Under 18, must bring this form with a parent or guardian signature
18 or Older, must bring this form & bring or have a background check on file.

If this application is not mailed at least one & half week prior to the flight,
please just bring it with you to the camp on the flight weekend.

Weekend Date: _____

Nights Sleeping in Big House (Circle all that apply): **OVERNIGHT** **1st Night** **2nd Night**

Name: _____ Age: _____

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

Home Phone: _____ Cell Phone: _____

Email (please print clearly): _____

What was you original Flight or Journey: _____

Are you on special medication or do you have a special diet (Including Vegetarian & Food Allergies)? **YES** **NO**

If yes, please explain: _____

Do you have any health problems or physical handicaps that may affect you during the weekend? **YES** **NO**

If yes, please explain: _____

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 closing service on day three. 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.

Participant's Signature: _____ Date: _____

North Carolina consumption laws for tobacco products say: For any person under the legal age of 18 years old in the state of North Carolina the use of tobacco products is a misdemeanor crime. The Mountain Top Chrysalis Board will obey and observe the law of the land. The use of cigarettes and smokeless tobacco products will not be allowed if you are under the age of 18.

~ This section is to be completed by a parent or legal guardian for all participants that are **UNDER 18** years old ~

_____ has my permission to attend this Chrysalis weekend. In the event of an emergency and if I can't be reached by phone, the Chrysalis staff has my 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 Living Water, The Upper Room, or the Mountain Top Chrysalis Board responsible for any accident / emergency in which my / our child's may be involved in.

Dates & Times he/she has permission to leave Camp Living Water Property: _____

Parent or Guardian's Name (Printed): _____

Signature of parent or guardian: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Insurance Information, if available:

Insurance Company: _____

Group Number: _____ Member Identification Number: _____

Name of Primary Insured: _____ Relationship to Participant: _____

Doctor's Name: _____ Phone: _____

Big House Fee*: \$50.00 for 3 nights; \$40.00 for 2 nights; \$25 for 1 night**

*** Money should never be a reason for a person to not attend. If you are in need of financial assistance, please fill out the Scholarship Request form which is available on our website and mail to the Big House Coordinator with this application. All Scholarship requests are kept highly confidential.

MAIL TO: MOUNTAIN TOP CHRYSALIS, ATTN: BIG HOUSE, PO BOX 1096, BRYSON CITY, NC 28713

Questions?? Call or Email:

Heather Evans: (404) 502-8854 (Cell) • evanshm@bellsouth.net

www.mountaintopchrysalis.org

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