

**TEAM APPLICATION FOR ALBEMARLE CHRYSALIS FLIGHT # \_\_\_\_\_**

**On white paper, please use black ink. Print or type all except signatures.**

Name: \_\_\_\_\_ You prefer to be called: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  - Male  - Female T-Shirt Size:  - Small  - Medium  - Large  - Ex-Large

Name of Church: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

**Pastor's signature:** \_\_\_\_\_ Phone number: \_\_\_\_\_

**Applications must have your pastor's signature and phone number. If your church is currently without a pastor please have the church's Lay Leader, Deacon, etc., sign with their position and phone number.**

When was your original weekend? \_\_\_\_\_ Did you complete the 72-hr weekend? YES  NO

If no, give reason unable to complete the weekend \_\_\_\_\_

Have you attended a Day of Deeper Understanding? \_\_\_\_\_

List any youth activities you are involved in: \_\_\_\_\_

Do you play a musical instrument? YES  NO  What instrument? \_\_\_\_\_

Are you in a Reunion Group? YES  NO  Which group? \_\_\_\_\_

Do you have any physical limitations? YES  NO  If yes, please specify: \_\_\_\_\_

**RESPONSIBILITIES**

**TEAMING:** There are five (5) to six (6) team meetings preceding a Chrysalis Weekend. Attendance at ALL meetings is expected. If you know you will be absent for one, please contact the Lay Director of weekend walk prior to committing to team.

**FINANCIAL:** ALL team members are responsible for their portion of the room and board for the weekend which is **due no later than the second team meeting**. If you have difficulty meeting this obligation, please contact the Lay Director of the weekend prior to the deadline. Please make checks payable to **Emmaus of the Albemarle, Inc.**

Albemarle Chrysalis is a division of Emmaus of the Albemarle, Inc. **Team fee is currently \$200.00.**

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please return this application with both front & back sides completed to:

Albemarle Chrysalis  
Post Office Box 1198  
Edenton, NC 27932-1198

**FOR ADMINISTRATIVE USE ONLY:**

Application received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant contacted to team: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant accepted or declined when contacted to serve as a team member? Accepted  Declined

