

TEAM APPLICATION FOR ALBEMARLE CHRYSALIS FLIGHT # _____

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

Full 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

