

EASTERN SHORE CHRYSALIS

TEAM APPLICATION

Full Name _____ Nickname _____
Address (Postal & Street) _____
City _____ State _____ Zip _____
Home Phone Number _____ e-mail address _____
School _____ Grade _____ Date of Birth _____
Walk/Flight Number(s) of your prior walks and teams _____

Describe your responsibilities and talks given in your prior teaming _____

Have you attended a Day of Deeper Understanding or Next Steps Program? YES NO
If so, where and when? _____

Name and denomination of your church _____

Are you on a restricted diet? YES NO If yes, please describe _____

Do you have health problems? YES NO If yes, please describe _____

List musical instrument(s) played _____

List any additional information which you feel would contribute to your teaming (special skills or training, church and civic activities, etc.) _____

Serving on a Chrysalis Team includes (but is not limited to) the following responsibilities:

You are expected to participate in all team meetings and complete the weekend. If prior commitments would prevent you from doing this, please consider submitting your application for a later flight. Also, team members may be asked to provide food, snacks and drinks for team meetings and will be expected to donate snacks and drinks for the Flight Weekend. Team members are expected to write agape for team members and caterpillars, and most importantly, to pray regularly for the team, caterpillars and the Weekend. The Team fee for Eastern Shore Chrysalis is \$150 for adults 25 and above, and \$125 for youth 15-24. A \$25 deposit is due with the application. The remainder is due prior to the beginning of the weekend. **NOTE:** There may be some additional expenses for team and/or caterpillar t-shirts and other weekend souvenirs.

CHURCH INVOLVEMENT

(Mandatory section for adult and youth alike)

I certify that _____, who is applying to team for a Chrysalis weekend, is involved in _____ Church. I understand that this does not in any way constitute an endorsement of Chrysalis.

Signed: _____
(Pastor, Sunday School Teacher, Youth Minister) (telephone)

FOR TEAMERS UNDER 18 YEARS OF AGE:

Medical Release/Authorization and Guarantee of Payment

The undersigned parent/guardian of _____ designates and appoints the Weekend Lay Director as my agent with full power and authority to make health decisions on behalf of my child/ward in the event my agent just named determines there is a medical emergency or necessity requiring or suggesting treatment or care my agent deems appropriate or necessary for my child/ward during the Eastern Shore Chrysalis weekend being held during the period _____

(insert dates of the weekend)

I also agree to pay the teaming fee if not paid by the applicant prior to the start of the weekend on which he/she has applied to team.

Signed in _____, _____ this _____
(city) (state) (day)
day of _____, 20_____.
(month) (year)

(Signature of Parent or Guardian)

RETURN TO: EASTERN SHORE CHRYSALIS
P.O. BOX 522
ONANCOCK, VA 23417

For Administrative Use Only:

Date Application Received _____ Team Fee Received: _____

Date Contacted Regarding Teaming: _____

Applicant: Accepted Offer to Team Declined Offer to Team Offer withheld

Reason (if any) _____
