



Northwest Georgia Chrysalis TEAM Application 2008

BOYS 2008 Chrysalis #14/Journey #8 • July 17th – 20nd, 2008

GIRLS 2008 Chrysalis #15/Journey #9 • June 26th – 29th, 2008

Flight/Journey You Wish To Serve? (Please Circle)

BOYS 14/8

GIRLS 15/9

TEAM MEMBER INFORMATION

PLEASE PRINT

Name: _____ Name you wish to appear on your name tag: _____

Address: _____ City: _____ State: _____ ZIP: _____

Age: _____ Hm Ph#: _____ Alt. Phone: _____

Name of your church: _____ Community/Date of Your Walk: _____

Do you have any family (brothers, sisters, nieces, nephews, etc.) planning to attend this Flight/Journey? If so, who? _____

Adult T shirt size: _____ Email Address(s): _____

Past Team Experience (Walk #'s & Positions): _____

Would You Be Willing to Give a Talk? (Please Circle) **YES** **NO**

Talks you have previously given: _____

How Would You Prefer to Serve? _____

MEDICAL INFORMATION (Team Applicants under the age of 18 **MUST** have parent/guardian signature)

Please list any allergies, medications being taken, medical problems, special diet or other pertinent information.

PARENTAL INFORMATION (Team Applicants under the age of 18 **MUST** have parent/guardian signature authorizing them to work, acknowledging the required team meeting dates their child will need to attend, and also acknowledging the team fees that team members are responsible for.)

_____ has my permission to serve the above mentioned Chrysalis weekend. In the event of an emergency and if I cannot 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. We further do hereby release and discharge Chrysalis, its Board and members from any and all liability from illness, injuries, and damages that may arise out of or resulting from my child's participation in or traveling to or from and at this event. I am also aware that there will be team meetings my child must attend in order to fully bond and develop as part of a cohesive team unit in preparation for this event. Additionally, I realize there are necessary team fees associated with my child working (\$85) this event that are in place to help cover the cost of the facility rental, food and supplies needed.

Parent/Guardian (Please Print) _____

Parent/Guardian Sig.: _____ Date: _____ Emergency Contact Number(s): _____

Parent/Guardian Address: _____

I, _____, understand that the Lay Director for each weekend and the Chrysalis Board of Directors will select the team members and team member's positions prayerfully from all of the applications received. I also understand that being a team member requires a commitment to paying team fees and attending all team meetings in preparation for the weekend.

Please do not accept an invitation to work on a particular date unless you can recognize this commitment as a high priority in your life and in the lives of those depending on you. Neither should you accept an invitation if you do not have the time and personal dedication needed to attend the required meetings.

Team Applicant Signature _____ Date _____