



CHRYSALIS TEAM APPLICATION

Note: Team Members dues are \$100.00. Scholarship funds may be available, if needed please contact the Lay Director. Please return applications to David Gaylor, 857 Bassett Heights Rd., Bassett, VA 24055

Name: _____
(First) (Last) (Suffix)

Home Address: _____
(Street/P.O.Box)

Home Phone: () _____ Cell Phone: () _____
(City) (State) (Zip Code)

E-Mail Address: _____

Original Community/Walk or Flight (Ex. SWVAE Walk#68): _____

Name of Reunion Group (Put "none" if you are not in a group): _____

Check all areas you have previously served in:

Set up/Clean up Agape Kitchen Prayer Chapel Music Luggage Snack Room
 Background Coordinator Worship Other: _____
(Please Explain)

Have you ever served in the conference room on a team? No Yes

Please check all conference room areas you have previously served in:

Assistant Table Leader/Emmaus Assistant Table Leader/Chrysalis
 Assistant Table Leader/Other: _____
(Please Explain)

Table Leader/Emmaus Table Leader/Chrysalis
 Table Leader/Other: _____
(Please Explain)

ALD/Emmaus ALD/Chrysalis ALD/Other: _____
(Please Explain)

Musician-Instrument/Emmaus Musician-Instrument/Chrysalis
 Musician-Instrument/Other: _____
(Please Explain)

Musician-Vocalist/Emmaus Musician-Vocalist/Chrysalis
 Musician-Vocalist/Other: _____
(Please Explain)

Name of the Church you regularly attend: _____

Current Member: Yes No

Pastor's Name: _____
(First) (Last) (Suffix)

By signing below, I commit to participating in the minimum 23-26 hours of teaming prior to the weekend, praying for the team, the caterpillars and everyone involved with making this weekend possible, the weekend, one follow-up reunion meeting and communicating with the caterpillars at my table for at least one year.

As a pastor, I certify that the above named member is an active member/participant in our church.

(Signature of Applicant) (Date) (Signature of Pastor) (Date)