



**Aldersgate Chrysalis Flight & Journey  
Team Application**

In completing this form, I understand that I am offering my time and talents in services to God. I also understand that the Lay Director in response to the Holy Spirit selects team membership. This means that I may not be asked to serve on a team right away and also that I will not be on every Chrysalis team. I am merely a tool to be used accordingly to God's will and not my own. I understand also that if I am selected to serve on a team that I am expected to attend all called team meetings and will prayerfully prepare for them.

*Please fill out this application if you would like to serve on an Aldersgate Chrysalis Team. Future Lay Leaders will be forming the teams and it is very helpful to know who is available and willing to serve.*

**This application to serve on a Chrysalis Flight \_\_\_\_\_ Chrysalis Journey \_\_\_\_\_ Both \_\_\_\_\_**

**Please Print**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Other phone \_\_\_\_\_

Email \_\_\_\_\_

I am a \_\_\_\_\_ Youth (15 to 24 years) \_\_\_\_\_ Adult (25+ years) Birthday (if youth) \_\_\_\_\_

**EMERGENCY CONTACT \_\_\_\_\_ Phone \_\_\_\_\_**

**(The EMERGENCY PERMISSION FORM must be filled out, signed, and notarized by the start of the weekend if the team member is under 18 years of age and will only be able to serve on a Chrysalis Flight Team)**

Date and Number of my Walk/Flight \_\_\_\_\_ # \_\_\_\_\_

Are you part of a reunion/next steps group? Yes No

I have the following special talents: \_\_\_\_\_

Talks I have given: \_\_\_\_\_

Assignments done on previous Chrysalis Teams worked:

Table Leader	Asst Table Leader	Chapel
Kitchen	Music	Agape
Angel	Other _____	

**Cost for team member is \$120.00**  
**Do not send money with application**

Mail completed form to:

Chrysalis Registrar  
P.O. Box 491918  
Leesburg, Florida 34749-1918