



"Then their eyes were opened and they recognized him." Luke 24:31

# Team Application Form 2010

Personal Details			
Name		Age	
Postal Address		Code	
Telephone (Home)		Telephone (Work)	
Cellphone Number			
e-mail Address			
Will you accept communication from the Chrysalis/Emmaus Board via e-mail			Yes/No

Chrysalis, Journey and Emmaus Details	
When did you attend YOUR Chrysalis/Emmaus weekend?	(dd/mm/yyyy) Walk/Journey/Flight #
Tick the appropriate box: Chrysalis <input type="checkbox"/> Journey <input type="checkbox"/> Emmaus <input type="checkbox"/>	
Community	
Reunion Group	
Do you participate in Next Steps/Fourth day activities? (i.e. Support Candlelight, take part in prayer vigils, etc)	Yes/No

HISTORY OF SERVING ON CHRYSALIS AND EMMAUS			
Capacity served (specify the number of times served in each position)			
Spiritual Director		Assistant Spiritual Director	
Lay Director		Assistant Lay Director	
Adult/Table Leader		Youth/Assistant Table Leader	
Support Co-ordinator		Support Team	
Prayer Co-ordinator		Prayer Team	
Music Co-ordinator		Music Team	
Board Rep		Photographer	
Flowers			

APPLICATION TO SERVE IN 2010 – CLOSING DATE FOR APPLICATIONS IS 30 NOV 2009			
Boys Flight 18 – 20 June 2010		Girls Flight 18 – 20 June 2010	
Preference of serving (number in preference)			
Adult/Table Leader		Youth/Assistant Table Leader	
Prayer Team		Support Team	
Clowning		Agape Feast (Saturday Evening)	
Flowers		Entertainment	
Photographer (Friday morning)			
Music Team		Instrument/Vocal	
		List Instruments	
		Sound and Projector	

### Declaration by person applying to serve on a Chrysalis Team:

I, the undersigned declare that:

- I will accept and be obedient to the authority and discipline under which I serve
- I am not aware of any spiritual or moral issue in my life that will prevent me from being a faithful witness of Jesus Christ while serving on Chrysalis.
- I am able to attend all training meetings and pay my fees in full before the flights commences.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



# Team Application Form 2010

Applicant's Name: \_\_\_\_\_

TO BE SIGNED BY APPLICANTS MINISTER		
Minister's Name	_____	
Church	_____	
Phone	Home ( ) _____	Office ( ) _____

I support this application for a member of my congregation to serve on a Chrysalis team in the capacity as requested.

\_\_\_\_\_  
Signed

For any queries call the Community Lay Director: Lyn Webb, 0722434136, lwebb@telkomsa.net  
Or the Community Spiritual Director: Ronald Hall, 0798948872, bigronhall@gmail.com

The following training days for both Flights will be on Saturdays at All Saints United Church, Pietermaritzburg, from 8:30 to 16:00.

Training Day	Date
<b>1</b>	27 March 2010
<b>2</b>	24 April 2010
<b>3</b>	15 May 2010



Please return completed form to: KZN-Drak Chrysalis  
PO Box 13631  
Cascades  
3202  
Telephone: 083 640 8433  
Fax: 033 342 2947  
E-mail: [mezries@mweb.co.za](mailto:mezries@mweb.co.za)

**Banking Details**  
Should you wish to deposit directly to our account, please fax the deposit slip or proof of EFT to the Lyn Webb on 033 3472267.

Bank: ABSA  
Account Name: KZN Drak Chrysalis  
Account Number: 4057721796  
Branch Name: Musgrave

