Nebraska Chrysalis Team Registration Form - 2024 Version

Team Contract:

As a member of the team for Nebraska Chrysalis Flight # _______, I understand that my job is to serve God through leadership, action and love. My focus and attention is to help the candidates to expand their faith and experience God. I understand that no job at Chrysalis is more important than another. I will make every effort to show God's love to everyone I come in contact with through my servant's attitude.

- o I will place everyone else at the weekend ahead of my own interests.
- o I will follow the directions of the Directors during the Chrysalis event.
- o I will pray for success of the event from now until the end of the event.
- o I understand that my reason for being on the team is to serve, not to socialize.
- o I understand that I am expected to dress properly for a Christian event (No skimpy clothes, or clothing with drug, alcohol or tobacco products or references please).
- o TVs, radios, music players and telephones are not to be used during the weekend.
- o I will abide by the lights out times and will remain in my sleeping area.
- o I will maintain proper boundaries with members of the opposite sex.
- o I understand that no drugs, alcoholic beverages, or tobacco products are permitted.
- o I understand that if I do not abide by these guidelines, the Directors may call my parents and send me home.

If you are under 19 years of age, please fill out and sign a health form/waiver to accompany this application. It is required before your attendance at the weekend. This form is included with this application.

Team members are requested to pay the costs for their weekend in full. If you need help with the cost of your weekend you should seek the funds from your local 4th Day Reunion Group. The cost of the Flight is set below what it actually costs to feed, house and provide the materials needed for your participation. In addition to payment you are encouraged to make a love offering above the cost of the Flight. Weekend cost is \$200.00.

Please make your payment at the Flight. Have a check or cash ready. Please do not try and pay for your weekend while monies are being collected at check-in from candidates. Money for team members will be collected at one of the team meetings.

It is important for each Conference Room team member to complete both pages of this form and mail it, or scan and email at least 1 week prior before the Flight Weekend. Mail to:

NE Chrysalis Registrar Scott Nikont 27670 Thunder Creek Rd, Winner, SD 57580 308-760-0541 / scottnikont@gmail.com

Please complete the other side or page 2 of this form.

THANK YOU FOR YOUR PARTICIPATION ON THE TEAM

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Chrysalis #:	Date of event:	Location:
First Name:	Last Name:_	DOB:
Spouses First Name	e (if married):	
Mailing Address:		
City:	Sta	re: Zip:
Your Age:	E-mail:	
Home Phone #:		Cell Phone #:
What duty / talk w	ill you be doing at the week	tend?
Your original Fligh	t # or Walk # and location	·
Please list past Chry	ysalis events you have been	involved in (Flight # and assignment)
If you have any hea	alth problems that may affe	ct your participation/or attendance at the
Flight, please expla	in:	
Do you have any al	lergies to food or medication	ons? If so, please list:
If you are on a spec	ial diet, please describe you	ır needs:
	-	
In case of an emerg	ency, please contact:	
Emergency Contact	t Phone:	Other Phone:
		ebraska Chrysalis/Emmaus Community liable at. You are responsible for your own property.
Your Signature:		
Guardian's Signatu	re (if participant is under 19	9):

Please complete the other side or page 1 of this form. THANK YOU FOR YOUR PARTICIPATION ON THE TEAM