

## Little Egypt Chrysalis – Team Member

Flight Number: \_\_\_\_\_

Weekend Dates: \_\_\_\_\_

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ Gender: M / F  
Do you want a T-Shirt? Y / N Size: \_\_\_\_\_ \*\*\*Please add \$10 to your fee for a T-Shirt.\*\*\*  
Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text? Y / N  
Name and Denomination Of Church: \_\_\_\_\_ Location: \_\_\_\_\_  
Do you attend Regularly? Y / N Are you in a Reunion group? Y / N Name and location of Reunion group: \_\_\_\_\_  
When and where did you Attend Chrysalis / Emmaus? \_\_\_\_\_

### Release Statement / Medical Information

List all allergies, medications being taken, medical problems, special diets, or other information: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any additional circumstances concerning your Participation in this ministry that we should know? Y / N If yes, explain: \_\_\_\_\_

Over the course of the Chrysalis Weekend, group pictures will be taken at times. By signing this application, you acknowledge that pictures may be published by the Little Egypt Chrysalis community for the purpose of its ministry.

The applicant, \_\_\_\_\_, has my permission to participate in all activities – including required transportation – during the Chrysalis Weekend. In the event of an emergency if I cannot be reached by phone, the Chrysalis staff has my permission to provide the medical care necessary for my child's well-being. I also give permission to the Chrysalis staff to administer necessary prescription and non-prescription medication. I release and discharge Chrysalis, its board, agents, 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 this event.

Parent / Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Application Payment

Please enclose the \$100 payment to offset the expenses for the Chrysalis Weekend. Please make checks payable to LITTLE EGYPT CHRYSALIS or LECC. If you are unable to pay your fee, scholarship funds are available upon request from the Little Egypt Chrysalis Board of Directors, but it is asked that you sacrifice as much as you are able to pay.  
Are scholarship funds needed? Y / N If yes, please indicate how much money is needed: \_\_\_\_\_

### Submit Application

Applications may be delivered to any member of the LECC Board of Directors or through the contact information below.

#### Contact LECC

Phone: 618-771-0190

Fax: 618-658-2791

Email: [ChrysalisLE@gmail.com](mailto:ChrysalisLE@gmail.com)

#### Connect with LECC

Facebook: Little Egypt Emmaus & Chrysalis

Twitter: @Chrysalis\_LE

Website: [ChrysalisLE.weebly.com](http://ChrysalisLE.weebly.com)

#### Mail LECC

Little Egypt Chrysalis

P.O. Box 293

Vienna, IL 62995