

2018 Chrysalis Signature Page

Name of the Community _____

Email Address _____ Website _____

This page indicates the intent of the Local Community to offer **Chrysalis** in this covenant year. The Community Chairperson signs here to affirm this.

If this is the first year offering Chrysalis in the Local Community, only the Community Chairperson and two additional signatures are required: the two board members serving on the steering committee.

Once Chrysalis is established in the Local Community, the first two signature lines are for the Chrysalis Community Lay Director and Chrysalis Community Clergy Director. The three additional signatures required are the Chrysalis operating chairpersons for Agape, Next Steps, and Team Selection.

As part of operating Chrysalis, the Local Community agrees to perform background checks and screen all adults working with youth and to supervise all team members and workers to ensure a safe and healthy environment for all participants in accordance with applicable laws.

The Local Community agrees to report Chrysalis event dates and attendance to The Upper Room. The Local Community further agrees to pay a fee of US\$10.00 per each butterfly to The Upper Room for use of Chrysalis.

Community Contact Information:

Address _____

City _____ State _____ Zip _____ Country _____

Email: _____

Website: _____

Community Chairperson (please print clearly) _____

Signature: _____

Chrysalis Lay Director/ Board Member on the Steering Committee (please print clearly)

Name _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Signature: _____

Chrysalis Clergy Director/ Board Member on the Steering Committee (please print clearly)

Name _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Signature: _____

Chrysalis Agape Chairperson (please print clearly) _____

Address _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Signature: _____

Chrysalis Next Steps Chairperson (please print clearly) _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Signature: _____

Chrysalis Team Selection Chairperson (please print clearly) _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Signature: _____

(For Emmaus Office Use Only)

INTERNATIONAL CHRYSALIS OFFICE

P. O. Box 340004, Nashville, TN 37203-0004

Toll free 877-899-2780 x 7227 or 1-615-340-7227 or FAX: 615-340-7257

Web: <http://chrysalis.upperroom.org/> Email: chrysalis@upperroom.org

DATE: _____

Director, Youth and Young Adult Spiritual Formation Programs

Account Number: _____

Boardroom Website: <http://chrysalis.upperroom.org/leaders>

Customer Care Service: 1-800-972-0433 (need acct # when calling*)