

MADISONVILLE CHRYSALIS COMMUNITY
C/O FIRST UNITED METHODIST CHURCH
200 EAST CENTER STREET
MADISONVILLE, KY 42431
VOICE (270)-821-5734, FAX (270)-821-5735
chrysalis@mlumc.org

I wish to participate in Chrysalis programs and activities.

BY MY TALENTS

Music: I play _____ (instrument)
I sing _____ (soprano, alto, tenor, bass).

BY MY TIME

As volunteer on a board committee:

Newsletter _____ Registration _____ Facility setup _____
Kitchen _____ Snack Agape _____ Clean-up _____ Other _____

BY MY SERVICE ON THE WEEKEND

72-Hour Prayer Vigil _____ Pray for speakers _____
Serving a meal _____ Serving on a team _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (AREA CODE) _____

IF IN COLLEGE, GIVE COLLEGE ADDRESS & PHONE

I WAS A CANDIDATE ON CHRYSALIS NUMBER _____ IN THE _____ CHRYSALIS
COMMUNITY. HIGH SCHOOL GRADUATION YEAR _____

I ATTENDED AN ADULT WEEKEND. Specify _____

CHURCH ATTENDING _____

REFERENCE

Please give us the name, address and phone number of an adult who knows you well. This should be your Pastor, Youth Pastor, Teacher or other adult.

NAME _____

ADDRESS _____

PHONE (AREA CODE) _____