## **COTE Service Application**

Cradle of Texas Emmaus Community - P. O. Box 563 - Lake Jackson, Texas 77566

Name *		Cell Phone	Home Phone
E-mail *	Name	Area Code Phone Number	Area Code Phone Number
Address  Street Address Line 2  City  Postal / Zip Code	State / Province	Choose All Appropriat  Male Female Lay Person New Clergy Clergy	
Do you meet regularly in  Yes  No	a Reunion Group?	Reunion Location	Current Place of Worship:
I Attended: *  Emmaus	I am applying for an opp Chrysalis (youth - age		
Chrysalis	Epiphany (youth priso	• •	
Cursillo	Kairos (prison ministr	y)	
Kairos	Emmaus		
	Other		

https://form.jotform.com/62346286857165

I WILL COMMIT TO ATTENDING ALL TEAM MEETINGS, to be active in a reunion group, to be present for the entire three-day weekend including Closing, and to attend the Follow-Up Meeting. I also agree in a spirit of love and obedience, to follow the guidelines for team service as outlined in the team manual and as directed by the COT Emmaus Board through it's representative and the Lay Director of the Weekend. I understand that I am responsible to pay the \$175.00 weekend fee by the final team meeting.

Note: To pay the application fee, please fill out the payment form here AFTER submitting this application.

Signature	Date		
	Month	Day	Year
Clear			
<u> </u>			