

**WHOLENESS THROUGH CHRIST
SCHOOL OF PRAYER MINISTRY (SPM) APPLICATION**
(Note: Incomplete applications will be returned for completion before processing)

NAME (First and Last) _____ (Rev./ Dr./ Mr./ Mrs./ Miss / Ms.)

ADDRESS _____

CITY _____ PROV / STATE _____ POSTAL / ZIP CODE _____

PHONE. () _____ CELL () _____

E-MAIL _____ DATE OF BIRTH (yyyy-mm-dd) _____

I wish to apply for the following school: **Give date and location**

First choice: _____ Second choice: _____

Do you have any dietary or health conditions that need to be accommodated?

Dietary (e.g.: food allergies, diabetic, etc.): _____

Medical / physical (e.g.: hearing, visual, physical or mobility impairment; pregnant; light sleeper; snorer, etc.)

Health care card number: _____

Emergency contact: Name _____

Relationship _____ Phone _____

Pastor's / Priest's Name _____ Name of church _____

Address of church _____

City: _____ Prov / State _____ Postal / Zip Code: _____

I have changed churches since my last course. YES / NO

I have discussed my application with my pastor/ priest. YES / NO

PREVIOUS COURSES (C) OR SCHOOLS (S) ATTENDED (use back of sheet if more space required)

Dates (yyyy/mm) Names of your prayer ministers

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Applications received three months or more prior to the School are entitled to a \$50 early-bird discount.

There is a \$100 surcharge for applications received less than one month prior to the School.

Receipt of your application will be acknowledged by e-mail.

Please do not submit payment until your application is confirmed.

E-MAIL COMPLETED APPLICATION TO:

Administrator@WholenessThroughChrist.com

WHOLENESS THROUGH CHRIST SCHOOL OF PRAYER MINISTRY

A STATEMENT OF UNDERSTANDING

I understand that the Wholeness Through Christ ministry team is offering prayer ministry by faith along with personal encouragement. They are not offering services as professional or licensed counsellors, therapists, medical or psychological practitioners.

I acknowledge that I am attending voluntarily and free to leave at any time.

I indemnify and agree to hold the host facility, Wholeness Through Christ and the WTC ministry team members harmless for any of my personal responses to the teachings and ministry I receive.

_____ Please check box and initial to indicate you have read and accept the above information.

Applicant Signature: _____

By checking this box, I agree that my typed signature above represents my signature as though it was penned.

Applicant Name (please print): _____

Date (yyyy-mm-dd): _____