

**WHOLENESS THROUGH CHRIST**  
**FIRST PRAYER MINISTRY COURSE (PMC) APPLICATION FORM**  
**(Note: Incomplete applications will be returned for completion before processing)**

NAME (First and last) \_\_\_\_\_ (□Rev /□Dr /□Mr. /□Mrs. /□Miss /□Ms.)

SPOUSE'S NAME (if applying): \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE / STATE \_\_\_\_\_ POSTAL / ZIP CODE \_\_\_\_\_

PHONE (    ) \_\_\_\_\_ CELL (    ) \_\_\_\_\_

E-MAIL \_\_\_\_\_ DATE OF BIRTH yyyy-mm-dd \_\_\_\_\_

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

FIRST CHOICE \_\_\_\_\_ SECOND CHOICE \_\_\_\_\_

How did you hear about this event? \_\_\_\_\_

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 \_\_\_\_\_

While your application is prayerfully considered, the Board of WTC finds it helpful to have some background information about you. **On page 2, please describe your walk with the Lord.**

As a ministry we want to partner with the local church. We encourage you to discuss your application to WTC with your pastor / priest. If your pastor / priest wants more information about the ministry, please feel free to contact us.

Pastor's / Priest's Name: \_\_\_\_\_ Name of church: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province / State \_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** yyyy-mm-dd \_\_\_\_\_

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

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

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

**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**

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**Please describe your walk with the Lord.** Have you been involved in any other ministries, and why do you feel this course would be helpful for you?

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**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): \_\_\_\_\_