



## The Ezekiel Project Evangelism Training Seminar Application

**Please PRINT and complete the following information as thoroughly as possible.**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female Occupation: \_\_\_\_\_

Marital Status:  Single  Married Spouse's Name: \_\_\_\_\_ No. of children: \_\_\_\_\_

Do you attend church regularly?  Yes  No

Your home church's name: \_\_\_\_\_

Will you need a place to stay for the seminar?  Yes  No

Do you have any health restrictions?  Yes  No

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Do you have any food allergies or dietary restrictions?  Yes  No

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

***In case of emergency, please notify:***

Contact person's name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Your Health Insurance Co: \_\_\_\_\_

***Please use another sheet of paper to answer these questions, if necessary.***

1) Briefly describe what it means to be born again.

2) Give a brief description of how you were saved.

3) What areas of evangelism are you currently involved with or have been involved with in the past?

4) Have you had any training in evangelism previously? If yes, please explain.

5) What prompted you to take this seminar? What do you hope to gain by attending this seminar?

BY SIGNING THIS APPLICATION, I DO NOT HOLD LIABLE for any physical harm that may come to me while participating as a student in the week long seminar, ANYONE ASSOCIATED WITH THE EZEKIEL PROJECT, INC.

**Applicants under 18 years of age must have parental consent.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this application along with the \$50 registration fee to our office no later than the registration deadline date found on the seminar information sheet. Make checks payable (in U.S. funds) to: THE EZEKIEL PROJECT. Enclose with your application and send to: The Ezekiel Project, P.O. Box 393 Richmond MI 48062-0393.**