



The Ezekiel Project 2018

Evangelism Training Seminar Application

Please check which seminar(s) you would like to attend.

Ft LAUDERDALE, FL	KANSAS CITY, KS	NEW JERSEY/NYC
<input type="checkbox"/> Basic (March 26-30)	<input type="checkbox"/> Basic (June 4-8)	<input type="checkbox"/> Basic (July 16-20)
	<input type="checkbox"/> Advanced (June 11-15)	<input type="checkbox"/> Advanced (July 23-27)

Please print and complete the following information as thoroughly as possible.

Full Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____ Male Female Occupation: _____

Phone Number: _____ E-mail Address: _____

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

Do you attend church regularly? Yes No

Your home church's name: _____

Would you like to reserve a room for the seminar? Yes No

Do you have any food allergies? Yes No

If yes, please specify: _____

Do you have any health 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 other sheets 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, The BIBLE CHAPEL of SHAWNEE, or GRACE CHAPEL.

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, P.O. Box 393 Richmond MI 48062-0393.