

## The Ezekiel Project 2024 Evangelism Training Seminar Application

I want to attend: BASIC Training Seminar in New York, July 1-5

## 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: D	ale 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? $\Box$ Yes $\Box$ No	
Do you have any health restrictions?  Yes No If yes, please specify:	
Do you have any food allergies or dietary restrictions?  Yes If yes, please specify:	
In case of emergency, please notify:	
Contact person's name:	Relationship to you:
Phone Number: Your Health Insurance	ce Co:
Please use another sheet of paper to answer these 1) Briefly describe what it means to be born again.	questions, if necessary.

2) Give a brief description	on 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 in the week long seminar, ANYONE ASSOCIATED WITH THE EZEKIEL PROJECT, INC. or Grace Chapel, Tenafly, NJ.

\_\_\_\_\_ Date: \_\_\_\_\_ Signature: Applicants under 18 years of age must have parental consent.

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

Please return this application along with the \$50 registration fee to our office no later than June 1, 2024. Make checks payable (in U.S. funds) to: THE EZEKIEL PROJECT. Enclose your application and send to: The Ezekiel Project, P.O. Box 393, Richmond, MI 48062-0393.