



The Ezekiel Project
Advanced Training Seminar Application
NJ/NYC – Grace Chapel July 27-31, 2026

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 in the week long seminar, ANYONE ASSOCIATED WITH THE EZEKIEL PROJECT, INC. or Grace Chapel, Tenafly, NJ.

Signature: _____ Date: _____

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 15, 2026. Make checks payable (in U.S. funds) to: THE EZEKIEL PROJECT. Enclose your application and send it to: The Ezekiel Project, P.O. Box 393, Richmond, MI 48062-0393.