

Word Fountain Christian Ministries  
School of Ministry

Foundation of Christian Ministry Course

# Application Form

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

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Church Attended: \_\_\_\_\_

Dietary Needs / Requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other needs or conditions we should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I the undersigned agree that all the information I have given above is correct and enclose £50 deposit.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Recommended By:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_