

Registration

Healing Prayer Ministry Training

Church of the Assumption, beginning September 13, 2018

Personal Information

Name _____ for nametag _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____

Email _____

Church Information

Name of Parish/Church _____

City _____ Denomination _____

Approval of Pastor or Other Clergy or Lay Pastoral Administrator

For participants joining from other than Assumption Parish

I verify that this applicant is a member in good standing of my parish/church, and that I have no reason to believe they would not make a good candidate for participation in the Church of the Assumption sponsored Healing Prayer Ministry Training.

Signature _____ Date _____

Printed name _____

Fee

\$96 for all three levels. This may be paid in full by September 20, or in installments of \$32 at the beginning of each level.

Check Payment made \$ _____ (to Church of the Assumption)

Cash Payment made \$ _____

Scholarships available.

The first 4 classes are a necessary introduction to the course.

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Please fill out the questions on the back of this application.

Return this entire registration form by September 7, 2018 if possible.

Church of the Assumption

2116 Cornwall Ave, Bellingham, WA 98225

Additional information lynnann.bouker@gmail.com

Have you had any training in healing prayer ministry? Please explain.

Are you now or have you ever been active in any type of healing prayer ministry? Please explain.

How would you rate your level of experience in praying for healing?

Minimal _____ Moderate _____ Experienced _____