

Advanced Discipleship Training

Christian Discipleship and Spiritual Growth & Maturity

APPLICATION:

Required Information:

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip CODE: _____ Country: _____

Mobile: _____ Email: _____ Date of Birth __ / __ / ____

Born Again Date __ / __ / ____ Marital Status: Married (_____) Single (_____)

If married, Spouse's name: _____ Email: _____

Education and/or Specialty: _____

Your Calling (if known): _____

Preferred Language (for reading and writing): ROMANIAN (_____) ENGLISH: (_____)

Optional Information:

Your Church: _____

Church Address _____ City: _____

State: _____ Zip CODE: _____ Country: _____

Church WEBSITE: _____

Senior Pastor: _____

Mobile: _____ Email: _____

Youth Pastor: _____

Mobile: _____ Email: _____