

# Columbus Koinonia Application

## Columbus Koinonia Statement of Faith

We believe the Bible to be the inspired, the only infallible, authoritative Word of God.

We believe that there is one God, eternally existent in three persons; Father, Son, and Holy Spirit.

We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father and in His personal return in power and glory,

We believe in the spiritual unity of believers in our Lord Jesus Christ.

We believe in the present ministry of the Holy Spirit by who's indwelling the Christian is enabled to live a Godly life.

\*Note: Throughout the weekend our Team may capture pictures or video segments of the weekend that may be viewed on our Private Facebook Page. You will be welcome to join this page once your weekend is complete. If you do not wish for your image(s) to be used, please simply advise a Team Member upon your arrival and we will do our best to keep from doing so.

**For more information, check out our website at: [www.columbuskoinonia.com](http://www.columbuskoinonia.com)**

To participate in a Koinonia weekend, please completely fill out the following application and mail to Eva Sue Reed; Pre-K Coordinator; 7928 Slate Ridge Blvd., Reynoldsburg, OH 43068 OR email her at [prek@columbuskoinonia.com](mailto:prek@columbuskoinonia.com). For questions or confirmation contact Eva Sue by Phone: (614)-519-9703.

**The cost of the weekend is \$80 per person. Please remit payment in full with this application by cash or check made out to Columbus Koinonia.**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Are You Ordained Clergy? \_\_\_\_\_

Special Diet or Needs? \_\_\_\_\_

General Physical Condition (Or any other Special Needs?) \_\_\_\_\_

Do You Sing or Play an Instrument (If so, What?) \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_