

Application Form

Kingdom Fitness Course



PERSONAL APPLICATION

FULL NAME :

SCHOOL NAME : Date: :
D D M M Y Y

FULL ADDRESS :

PHONE : Zip Code/ City :

E-Mail : City / Country :

Text? : ☐ Yes ☐ No ARE YOU MEMBER OF A CHURCH? : ☐ Yes ☐ No



PARENT CONTACT

If you are youth, please provide the following: :

Parent(s) Name and Phone Number(s) :

:

Are you a born again believer in Christ?

☐ Yes ☐ No

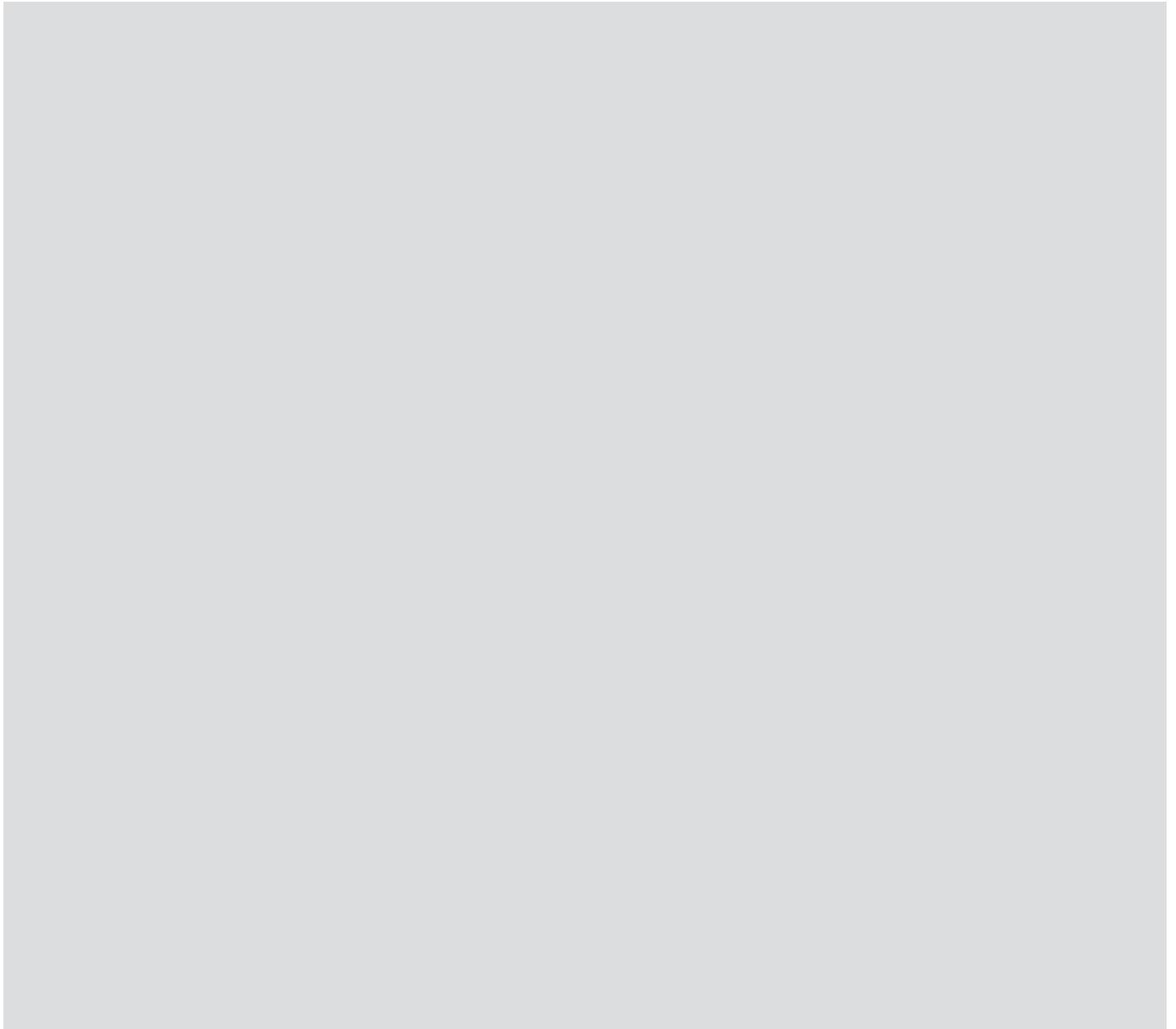
Please share when and the year? It's okay to give an estimate.

Are you willing to grow in your relationship with Christ?

☐ Yes ☐ No

If yes, please explain why?

How do you feel about yourself? Please explain.



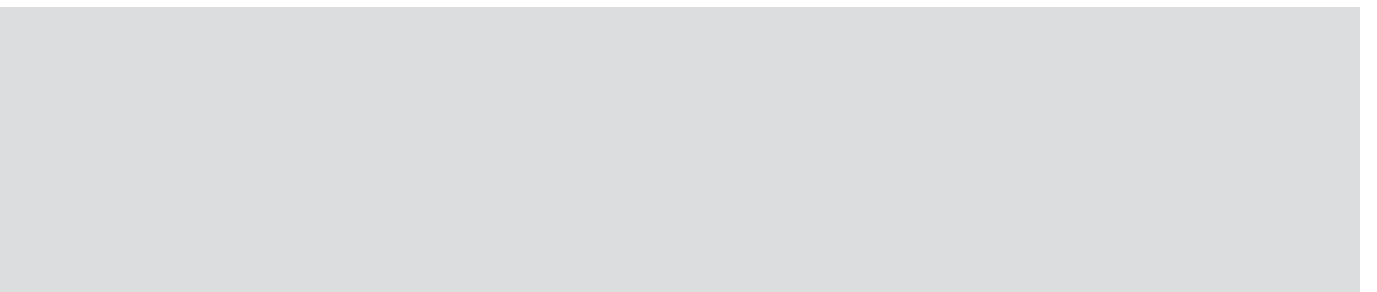
Do you know your purpose? If so, Please explain:

☐

Yes

☐

No





Kingdom Fitness Course

1. Participate in up to 3 Community Events	2. Tuition is 299.99 per person - The scheduled events will cover this amount.	3. We are asking a 90 Day commitment.
4. Develop leadership skills.	5. Community service that will help in applying for scholarships. <i>(Servant Evangelism)</i>	6. Develop a closer relationship with Christ.
7. Learn how to live Healthier by eating better and dancing! Competitions with other Counties!	8. Meet new people & Learn new things about yourself.	9. Learn how to be a good mentor!
10. Get rewards & gift cards for your participation!	11. Interviews & Highlights on social media!	12. Skits and Plays
11. Options for some students to get an extra income.	12. Opportunity to make a difference in a younger child's life as a mentor.	13. Discover your gifts & learning styles!
	Have FUN!!!	

General Agreement

As a, _____ or as a _____ based on understanding the Kingdom Fitness Course. By signing below you agree to pay the required tuition through events or pay direct the cost for the course: **\$299.99** for the participation in the Kingdom Fitness Course.

This agreement is for this day _____, (month) _____, (date)_____, 20___ I agree to pay full amount of _____. There are **no refunds**; you are allowed up to 24 months to participate or refer another person in your place.

By signing below, you agree to the above agreed-upon services at the cost and payment schedules.

Date

(Parent Signature - Youth Only)

Date

(Youth Signature)

_____D
Date

(Adult Signature)

Make all checks payable to **Fit2empower** or **Victoria Peters** Cash App: **\$Fit2empower** or PayPal: **PayPal.me/Fit2empower** - If you have any questions concerning this invoice, contact Victoria Peters, 601.408.0551/ **Victoria@fit2empower.org** All clients are asked to pay in full prior to service.