

APPLICATION FORM

Please complete the application form below ensuring that your Church Leader has signed the form.

Completed forms should be returned to:

The School of Supernatural Ministry
53 Mullaghbrack Road,
Markethill,
Co. Armagh. BT60 1QJ

Full Name

(Please print in capitals)

.....

Address

.....

.....Post Code.....

Phone

Mobile

Email

Church

.....

Spiritual Information:

When did you accept Jesus Christ as your personal Saviour ?

.....

(To apply for a place at the School sign below)

I wish to apply for the morning School starting 10th January 2011/ evening School starting 13th March 2011 *(strike out the date not applicable)*.

Signature

.....

TO BE SIGNED BY YOUR CHURCH LEADER

I have read and accept the information about the School on the web site www.hopefellowshipnewry.org and support this person's application for enrolment.

Signature of

Church Leader

Print Name

Phone