

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, the 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:** _____