## **Wellspring School of Ministry Registration**

Please accept my application for: (Month/Year)					Wellspring Staff Us Dates: Application Accepted:
NAME					Deposit Paid:
ADDRESS					Paid in Full:
CITY		STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE	
CREDIT CARD #			EXP. DA	TE	Discover
SIGNATURE			PHONE		□ CASH □ CHECK #
EMAIL			CELL PH	ONE (OPT)	
PRE-REQUIS	ITES TO ATTENI	DANCE			
• I have read	and studied thes	e Wellspring books and	booklets:		
Books:	🗖 In His Own I	<ul><li>□ Biblical Foundations of Freedom</li><li>□ In His Own Image</li><li>□ The Continuing Works of Christ</li></ul>		<ul><li>□ Baptism of the Holy Spirit</li><li>□ Intercessory Prayer</li><li>□ Covenant Communion</li></ul>	
• I have atten	nded, watched (D	VD's) or listened (CD's) t	to these Wellspr	ing Conferences :	
		Date(s) attended Date(s) attended			
COST					
• To ensure	your enrollment		equired when yo	class and a catered lunch b u send in your registration	
TRAVEL & LO	DDGING				
• Internation will be great	onal students: / u	spring's receipt of a mail	ication is conditi	es. onally accepted and that fi of my round-trip air ticket	•
NON-SOLICI	TATION				
	Ministries' non	•	s follows: it is	not acceptable to bring i	items or services
-		licy of non-solicitation ar email, phone, letter or c		taff or other attendees for	funding during or
SIGNATURE			DATE		-