Freedom House Ministry
c/o 652 Thunderbird Trail
Carol Stream, IL 60188
216-260-6450
www.freedomhouseministry.com

# Application to Participate In Our Sanctification & Transformation Training 201

**Circle one:** Mr. Mrs. Ms. Miss Pastor

**Name:** _____

**Address:** _____

**City:** _____ **State:** _____ **Zip code:**

_____ **Cell Phone :** _____ **Alt Phone:**

_____

**Email:** _____

**Preferred method of contact: Phone:** _____ **E-Mail:** ____ **Text:** ____

**How did you hear about this training?**
For example: email, web site, a friend, my pastor,

_____

_____

**Are you currently serving in a church or ministry? If so, please describe and name it.**

_____

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**Why are you applying to attend this training?**

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**What are you hoping to receive, learn and grow in through this training?**

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**I desire to participate in the Sanctification and Transformation Training 201 with an open heart, a willingness to learn, and a commitment to personal growth and spiritual transformation. I agree to respect the confidentiality , dignity, and personal experiences of others participating in the Sanctification and transformation training, including the transformation Labs.**

Sign_____Date_____

Fill out this document, sign and date it, then return it to this e-mail:

marianne@freedomhouseministry.com