



In order for us to confirm an event we need this application form completed and returned to our office. Please fill in the information as thoroughly as possible. You may copy this form. Please print.

1. CHURCH

MAILING ADDRESS

CITY ST ZIP

IF MAILING ADDRESS IS A POST OFFICE BOX, PLEASE ALSO GIVE A STREET ADDRESS AS PARCEL SERVICES CANNOT DELIVER TO A POST OFFICE BOX.

STREET ADDRESS

CITY ST ZIP

PHONE

FAX

EMAIL

2. CONTACT PERSON FOR EVENT

POSITION

PHONE

FAX

EMAIL

MAILING ADDRESS

CITY ST ZIP

3. SENIOR PASTOR

MAILING ADDRESS

CITY ST ZIP

PHONE

4. CURRENT DENOMINATIONAL AFFILIATION

5. PREVIOUS DENOMINATIONAL AFFILIATION

6. AVERAGE SUNDAY MORNING ATTENDANCE

7. AUDITORIUM SEATING CAPACITY

8. PLEASE LIST DAY(S) AND TIME(S) OF YOUR CHURCH SERVICES

9. POPULATION OF METRO AREA

10. ESTIMATED NUMBER OF AREA CHURCHES THAT WOULD BE INTERESTED IN ATTENDING THE EVENT

11. HOW DID YOU HEAR ABOUT THE TR SEMINAR/CONFERENCE?

12. WHAT ARE YOUR EXPECTATIONS FOR THE EVENT?

13. PLEASE LIST YOUR TOP 3 CHOICES OF DATES FOR HOSTING THE EVENT

14. PLEASE CHECK ONE:

- WORSHIP SEMINAR
- REVOLUTION OF HEART CONFERENCE

15.

SENIOR PASTOR'S SIGNATURE (MUST HAVE SENIOR PASTOR'S SIGNATURE TO BE CONSIDERED) DATE

Once completed, please send this application to: Training Resources ♦ 65 Shepherd's Way ♦ Hillsboro MO 63050
Or fax to: 636-789-4522. Applications will be processed according to date received.