APPLICATION

	Name	Male/Female
	Address	
	E 1 A 11	
	Phone #	Age
	Employer	Length of Employmen
Have you previously attended an I	Encountering God Seminar? _	If yes, what year?
Name(s) and address of those atter	nding in your group. Please sp	ecify any married couples:
	Name	Male/Female
	Address	
	Email Address	
	Phone #	Age
	Employer	Length of Employmen
Have you previously attended one	of our Seminars? If year	s, which one(s) and what year?
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Lodging		
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We have a limited amount of lodg come, first serve basis. Therefore,	we are not always able to acco	
come, first serve basis. Therefore,		oon as possible.
come, first serve basis. Therefore,	vill be in contact with you as s	oon as possible.
Please mark your wishes and we w	will be in contact with you as som, if at all possible.	oon as possible.

Are you presently or have you previously been involved in inner healing ministry? If yes, please describe.

How did you come to hear about this conference?				
Are you presently part involved in a ministry or in a position of counseling? If yes, please describe.				

We are excited to receive your application and look forward to praying over them. Please return your application ASAP to:

Harvest Home C/O Cindy Grove 1152 NW 300th Road Holden, MO 64040

Or return your application by email at: cindy.grove@ourfathersfarm.org

After reviewing your application and our training reservations, we will respond in a timely matter by email.

Many Blessings,

Cindy Grove
Harvest Home Event Coordinator
574-536-7816

VENUE: The Refuge ADDRESS: 1177 NW 300th Road, Holden, Missouri, 64040 PHONE: 816-522-9011