

Deliverance School Training Enrollment Form

Please fill out all of the fields below accurately and to the best of your ability.

Title (mr. mrs. ms. dr. etc.)\* \_\_\_\_\_

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Email Address\* \_\_\_\_\_

Gender\* Female \_\_\_\_\_ Male \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Birthday \_\_\_\_\_mm/dd/yyyy

Marital Status Married \_\_\_\_\_ Divorce \_\_\_\_\_ Separated \_\_\_\_\_ Never Married \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State / Province / Region \_\_\_\_\_ ZIP / Postal Code \_\_\_\_\_

Country \_\_\_\_\_

What Is Your Practicing Religion? \_\_\_\_\_

Ministry Name (if applicable) \_\_\_\_\_

Ministry Address \_\_\_\_\_

Ministry Phone Number \_\_\_\_\_

Your Website Address (if applicable) http://\_\_\_\_\_

Describe Your Experience In Ministry \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Described Briefly How You Were Saved \_\_\_\_\_

\_\_\_\_\_

Do You Have Any Strong Convictions Regarding Doctrine? \_\_\_\_\_

\_\_\_\_\_

Describe How You Received God's Calling To Deliverance Ministry \_\_\_\_\_

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Additional Comments \_\_\_\_\_

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Payment by Check or Money Order \$199.00 may be sent to the address below:

**Success And Deliverance Evangelical Ministry**  
**Office mail to 359 East 93RD St Los Angeles, CA 90003**