

School of Healing 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 Any Practice and Teaching of Healing You have received _____

Additional Comments _____

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