Application HWW for office use

“He Cares for Me”

Healing Waters Weekend

4/2018

PLEASE PRINT IN BLOCK LETTERS

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Friday 6-10 pm ,Saturday 10 am- 6pm (BYO bag lunch)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_

Phone# area code ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In 25 words or less, please share why you would like to attend “Healing Waters Weekend”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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After filling this application out, please give to your Pastor.

Your Pastor’s signature affirms their support for you to attend “Healing Waters Weekend.” You and your pastor determine follow up personal ministry appointment (if needed); either at your local church with your pastor or with (2) HCFM Care Ministers for $75.00 fee.

Pastor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s Telephone# ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor please email hcfmpsalm142@gmail.com with any questions or comments.

Make checks payable to HCFM and write HWW in the memo.

Pease send application and $75.00 ($125.00 for couple) fee to:

HCFM

358 Washington Street

Haverhill, MA 01832