

Global Focus Seminar Application Form

Church _____ Worship Attendance _____

Street Address _____

City _____ State _____ Zip _____

Church Phone (____) _____ Fax: (____) _____

Website _____

Contact email _____

Pastor _____

Minister of Missions _____ Phone _____

Email _____

Denominational Affiliation (if any) _____

State Association (if any) _____

Local Association (if any) _____

Requested Date(s) 1st Choice _____
 2nd Choice _____
 3rd Choice _____

Signature-Pastor/Minister of Missions

Print Name

Date Submitted _____

*Mail or fax completed form to:
770.529.8611 FAX*

Global Focus, Local Church Ministries, PO Box 1058, Acworth, GA 30101

Upon receipt of this application you will be contacted by a Global Focus representative to discuss dates, logistics and financial arrangements.

GLOBAL FOCUS OFFICE USE ONLY

GFS Date _____ Commitment Fee Amount _____

Paid by _____ check _____ credit Date Paid _____

Instructors _____

Approved by _____

GIC Date _____ GFLS Date _____