



Application for Individuals

Please answer all questions and return to:
Rivers of Living Water Inc
15/25 Canns Road
Bedforddale
Perth
Western Australia 6112

NAME:

Mr / Mrs / Ms
First Middle Last

ADDRESS:

Street

City, Post Code

CONTACT:

Business Phone Fax

Home Phone Email

MARITAL STATUS:

Please circle one:

Single

Engaged

Married

Widowed

Separated

Divorced

Name of Spouse:

PRESENT CHURCH:

Name

City, State

Denomination or affiliation

Length of time with this church

Position/s you currently hold with this church.....

.....

Pastor's name & phone

.....

HOW DID YOU HEAR ABOUT US?

Please circle one: Website Conference Friend Email Other

I would like to register for the following courses in 2011. Tick box/es:

Eagle Training Academy Southern suburbs \$15 per night

Eagle Training Academy Northern suburbs \$20 per night

I would like to register for completion of the following Certificate Course:
(There are no further costs to do Certificate Courses - just assignments to complete!)

Year 1 Certificate Course n/a

Year 2 Internship Course n/a
(pre-requisite: completion of Year 1 Certificate Course)

If you have any further enquiries about our courses please phone us on 08 93993786.