



Encounter Week Application

School are you applying for: (Name and date) _____

Personal Information

Full Name: (Mr., Mrs., Miss.,) _____

Telephone: _____ Age: _____ Gender: M F

Address: _____

E-Mail: _____

Emergency Contact Name: _____

Address: _____

Phone: _____ Relationship to you: _____

- Please enclose your tuition of \$375(per person)/\$675(couple)
- It is a requirement of application that you have read Experiencing The Father's Embrace by Jack Frost. Please check here to indicate that you have done this. The book can be purchased from www.shilohplace.org.

How did you hear about this School? Friend Shiloh Newsletter

Shiloh Event Shiloh Website Other _____

Venue

The Encounter Week will be held at Lake Tahoe Christian Fellowship Church, 3580 Blackwood Road, South Lake Tahoe, CA 96150.

Financial Arrangements (All Figures Are US Dollars)

Tuition is \$375 per person or \$675 for a married couple and includes notebook, CD-ROM of the teaching notes, Breakfast and lunch Mon-Thurs. Accommodation and other meals are not provided.

Payment schedule: \$375 per person or \$675 per couple due with Application.

Cancellations up to 21 days before classes commence are fully refundable.
Cancellations after 5 days prior to school will receive a 50% refund.

To pay your application fee by credit card: Card # _____

Expiration: ___ / ___ Name on Card: _____ Signature: _____

Release, Acknowledgment, And Commitment

Applicant Name: _____

Release of Liability

I hereby release Shiloh Place Ministries Inc., its staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss sustained by said persons during the course of involvement with the Shiloh Place Ministries Agape Reformation School

Applicant Signature: _____ Date: _____

Financial Responsibility

I understand that the payment of the required tuition fees must be made in US funds in accordance with the fee schedule (and cancellation policy) above. Further, I understand all personal expenses incurred during my involvement with the school are my responsibility, including transportation, phone calls, medical fees, and housing/meals.

Applicant Signature: _____ Date: _____

Pastor Information

If you have a pastor please tell them of your plans to attend the school, and ask your pastor to sign this form agreeing to your attendance.

Your Church _____ Size of Church _____

Pastor's Name _____ Phone _____

Address / City / State / Zip _____

Pastor's signature _____

Pastor: If you have any comments you are welcome to call us at 843-365-8990.

When completed, please return this form to: Shiloh Place Ministries, Schools, PO Box 5, Conway, SC, 29528. You can also email to info@shilohplace.org or fax to: (843) 365-1905.