



EVANGELISM EXPLOSION CANADA LEADERSHIP CLINIC REGISTRATION FORM

PLEASE PRINT

Pastor Rev. Dr. Mr. Mrs. Miss

Male Female

First Name _____ Last Name _____ Nickname _____

Birth date _____ Phone (____) _____ Fax (____) _____

Home Address _____ e-mail _____

City _____ Province _____ Postal Code _____

Name of Local Church _____ Name of Sr. Pastor _____

Church Address _____ Phone (____) _____

City _____ Province _____ Postal Code _____

Church information: Membership size _____ Specific Denomination/Branch _____

Please list your clinic choices below (The clinic of your first choice may already be full)

Type of Clinic:

Adult Youth Kids

1st Choice:

Date _____ Location _____

2nd Choice:

Date _____ Location _____

So we can know you better, please tell us...

Are you a...

- Senior Pastor
- Youth Pastor
- Other pastoral staff _____
- Minister's spouse
- Missionary
- Denominational advisor
- Prison Ministry
- Youth Leader
- Lay Person

If Lay person, what is your occupation?

Seminary student

When will you be eligible for placement?

What is (are) your area(s) of strength?

- Supplication
- Teaching
- Enlistment
- Administration
- Maintaining Records

Your EE Background...

How did you hear about EE?

Is your church currently using EE?

Yes No

Have you been certified by EE as an EE trainer? Yes No

Have you attended a 6-day clinic?

Yes No

If yes, when and where?

Are you now clinic certified by EE as a Teacher/Trainer?

Yes No

Has anyone from your church staff previously attended a clinic and become certified as Teacher/Trainer?

Yes No

If yes, who? when?

Discount: 3 from same church \$350 each

(Please note that although we cannot refund your deposit, it is transferrable for another clinic. Please read the cancellation policy in the clinic brochure for more information.)

Special Note for Adult Clinics:

Registrations accepted from pastoral staff only. Lay people are welcome to attend with their pastor or if pastor was previously clinic certified.

MAIL FORM WITH \$100 DEPOSIT TO:

Evangelism Explosion Canada
P.O. Box 43104
4841 Yonge Street
North York, ON M2N 6N1

Clinic Fees:

Total Cost: \$395
Deposit: \$100