



TRANSFORMED II

----- APPLICATION FORM -----

Program Date: July 13-31, 2009

Full Name _____ Male Female

Name you wish to have on your Name Badge: _____

Address _____

City _____ State/Province _____ Zip/PC _____

Country _____

Home Phone _____ Cell Phone _____

Email _____ Work Phone _____

Date of Birth ___ / ___ / ___ Age _____

Personal Info

Any health condition requiring special attention? _____ If yes, explain _____	
Have you ever used drugs or tranquilizers? ___Yes ___No	Do you still? ___Yes ___No
Are you being treated for any medical or psychological condition? _____ If yes, explain on back. Include type of medications/ prescription, and type of condition	
Have you ever been involved in a cult or the occult? _____ If yes, explain on back.	
Have you ever been convicted of a crime? _____ If yes, explain on back.	
Do you smoke? ___Yes ___No	Do you drink alcohol ___Yes ___No
What is your general health? (circle one) Excellent Good Fair Poor	
Years of Education completed _____	List other courses completed _____

Church Info (Pastor's or Youth Pastor's Recommendation form is to be sent in a separate envelop from your church)

Name of Home Church you attend _____	
Pastor's Name _____	Phone # _____
How long attended _____ Do you tithe? _____ List any church positions/ministry on a separate piece of paper	

Don't forget to include: One page essay giving your Testimony or Christian Conversion, including Reasons for taking Transformed II & "What Jesus Means to You"
Current Wallet size photo of yourself

I agree to comply with the rules and regulations of YEX Transformed II. I will devote myself to seek first the Kingdom of God and His Righteousness and will conduct myself in a Christian manner while attending YEX Transformed II I agree that I have answered these questions to the best of my ability

Signature _____ Date _____