

**Fatherheart A School**  
**Orchard Park, NY**  
**September 9, 2018-September 15, 2018**

**The Tabernacle**  
**3210 Southwestern Blvd, NY 14127**

Leonard and Lesley Hays will lead the School with assistance from an experienced Fatherheart Ministries Team.

The school will run from Sunday September 9, 2018 to Saturday September 15, 2018. Check in time for the school will be at 5pm with dinner at 6pm on Sunday September 9, 2018. The first session begins at 7pm on Sunday evening.

The school will be full-time, with morning, afternoon and evening sessions. Please note that every session builds on the one previous to it, therefore all sessions need to be attended. The school day runs from approximately 9:30am until 8:30pm each day (there will be breaks) with the exception of Sunday 12th and Saturday 18<sup>th</sup> when the school ends after lunch.

This school is for those of 18 years and over. It is not appropriate for children and there will be no childcare available. Participants are expected attend all sessions.

## **PERSONAL INFORMATION**

**FULL NAME:**

**ADDRESS:**

**DATE OF BIRTH:**

**TELEPHONE:**

**EMAIL:**

**GENDER:**

## **GENERAL INFORMATION**

Please answer the following questions as honestly and openly as you can. All answers will be treated in the strictest confidence.

**How did you hear about this school?**

**What is your reason for attending the school?**

**What changes do you hope to see in your life after attending the school?**

**What exposure have you had to the teaching and ministry in the 'Fatherheart of God'?**

## **MEDICAL**

### **HEALTH & DIETARY INFORMATION**

**Do you have any special needs/requirements or dietary requirements (FOR MEDICAL REASONS ONLY) which we need to be aware of in order to facilitate your attendance at the school?**

**Do you suffer from any health conditions or illnesses which we should be aware of (IE: heart trouble, diabetes, epilepsy, asthma, allergies etc)? If so are you on any medication related to those conditions?**

**Are you under psychiatric care or counseling (Please describe)?**

**Do you take any medication for mental health or emotional needs (please specify which)?**

## **EMERGENCY CONTACT**

In case of any problems during your stay, we would appreciate the address and telephone number of an emergency contact and their relationship to you.

**Name:**

**Address:**

**Phone:**

**Relationship to you:**

## **FEES & ACCOMMODATION**

The registration fee is \$400 US per person (Check) and \$412 by credit card (includes cc fee) included in the fee are tuition, lunch, dinner, snacks and drinks from supper on Sunday to lunch on Saturday inclusive.

Accommodation is non-residential. You will need to arrange your own travel and accommodation.

A **Non-Refundable Deposit** of \$90 per applicant is required with application. Checks should be made payable to: TLG Mins (US) INC

**Please state the amount you are paying today:**

If you have not paid the School Fees in full at the time of application then the BALANCE OF FEES is due, in full, 2weeks before the school start date (Monday Aug 27, 2018) unless otherwise arranged with the school organizers.

**\*\*NOTE** all personal expenses are your own responsibility: i.e. additional personal transportation, flights, supplies, lodging, phone calls, medical fees, spending money and laundry expenses etc.

## **PAYMENT DETAILS**

Payment for this School is only by check made payable to Step Into Freedom Ministries (US) INC and can be sent to:

Jim and Mary Emser, 3332 Carol Ct., Blasdell, NY 14219

## **SIGNATURE & RELEASE OF LIABILITY**

I agree to release Fatherheart Ministries, its staff, agents and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss sustained by myself during the course of my involvement with Fatherheart Ministries school. I certify that all the information in this application is complete and accurate.

**Signature:**

**Date:**