



PRAAYER NETWORK

For Universal Revival

Praying and working for Revival in Today's Church

SCHOOL FOR DELIVERANCE AND SPIRITUAL WARFARE FORM

SURNAME:.....

OTHER NAMES.....

AGE:.....MARITAL STATUS:.....SEX:.....

DENOMINATION/MINISTRY:.....

ADDRESS (RESIDENTIAL):.....

ADDRESS OFFICE MINISTRY:.....

PHONE:.....EMAIL:.....

NEXT OF KIN:.....PHONE:.....

ARE YOU BORN AGAIN? YES NO. IF YES GIVE DATE.....

ARE YOU BAPTISED BY IMMERSION? YES NO. IF YES GIVE DATE.....

ARE YOU BAPTISED IN THE HOLY SPIRIT? YES NO. IF YES GIVE DATE.....

HAVE YOU GONE THROUGH DELIVERANCE? YES NO. IF YES GIVE DATE.....

MINISTRY.....

HAVE YOU BEEN PART OF PNUR SCHOOL FOR DELIVERANCE AND SPIRITUAL

WARFARE BEFORE? YES NO. IF YES GIVE YEAR.....

HAVE YOU BEEN PART OF SUCH TRAINING BEFORE? YES NO. IF YES GIVE

DATE.....MINISRTY.....

DO YOU BELONG PRESENTLY TO A DELIVERANCE TEAM? YES NO. IF YES

WHERE?.....

WHY DO YOU DESIRE THIS TRAINING THIS TIME?.....

*PASSPORT
Photograph
here*

HOW DID YOU GET INFORMATION OF THIS SHOOOL? PLEASE MENTION NAMES IF NECESSARY:.....

DO YOU HAVE ANY MEDICAL HISTORY THAT CAN LIMIT YOU IN SOME ACTIVITIES? E.G. TUBERCULUOSIS (TB), ASTHMA, ULCER ETC.....

ARE YOU IN ANY ACTIVE MINISTRY? YES NO. IF YES AS WHAT?.....

PLEASE TICK THE ONE YOU WANT TO PARTAKE IN:

I WANT TO REGISTER FOR ONE MONTH FOR THREE MONTHS PROGRAM

WHAT IS YOUR ACADEMIC STANDING? PLEASE TICK

FSLC SCHOOL CERT POST SEC. THEO. TRAINING

LECTURE SCHEDULES

MONDAYS – FRIDAYS

8AM – 1PM SATURDAYS 10AM – 4PM (PRACTICALS & FASTING)

I PROMISE TO ABIDE BY THE RULES AND STUDY ENVIRONMENT THAT THE ORGANIZERS OF THIS SCHOOL WILL DEMAND.

SIGNED:.....
STUDENT

DATE:.....

(NOTE: FORM AND TUITION FEES ARE NOT REFUNDABLE. THE ADMINISTRATION OF PNUR RESERVES THE RIGHT TO SUSPEND OR EXERCISE ANY OTHER DISCIPLINARY MEASURES AGAINST ANY STUDENT WHOSE CONDUCT THEY CONSIDER A THREAT TO A CONDUCTIVE LEARNING ENVIRONMENT FOR OTHERS)

FOR OFFICE USE:.....

SIGNED:.....
OFFICER

DATE:.....