

Word of Life Bermuda Summer Training Corp. (STC) Application Form

1 First & Last Name:

2 Date of Birth

Day Month Year

3 Home Address

4 Contact Numbers:

Home Phone

Parent's contact number:

5 Name of Your Home Church

Your Senior Pastor/Elder:

6 Parents Names

Father

Mother

7 School you attend & Grade

Grade:

8 Year you trusted Christ as Savior

On a separate sheet of paper write a short testimony of the events that led to your salvation.

Yes my testimony is attached

9 I would like to serve in the Bermuda Summer Training Corp. for:

July 21-26: Teen Camp week 1

August 4-9: Teen Camp week 2

August 11-16: Teen Camp week 3

Note: Applicants must apply for a minimum of 4 weeks consecutively.

10 I would like to be considered a part of the Word of Life STC team because:



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