

# Freedom Journey Application

## Freedom Centre Church

### PLEASE PRINT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Church you attending: \_\_\_\_\_

### Preferred Method of Contact:

Email

Cell Phone

Home Phone

Text

Availability:

Morning

Monday

Thursday

Afternoon

Tuesday

Friday

Evening

Wednesday

Have you Received Ministry in the Past?

Prayer

Sozo

Inner Healing

Other, Please Specify \_\_\_\_\_

Approximate Date of Ministry \_\_\_\_\_ Place of Ministry \_\_\_\_\_

Why would you like to receive a session? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who referred you to this Ministry? \_\_\_\_\_

Do you attend a cell group or home group? \_\_\_\_\_

Please return this application along with the signed Liability/Release form to Freedom Centre Church, 4935-134 Ave, Edmonton, AB. Phone Number (780) 476-7484. Email- [merrilr@freedomcentre.org](mailto:merrilr@freedomcentre.org). Please specify Freedom Journeys application" in the subject line. We will contact you to schedule an appointment as soon as possible.