

“KINGDOM ILLUMINATIONS 20/20” RETREAT APPLICATION

April 5-9, 2020

*Your registration for this retreat is pending approval of this application. Once you are approved, you will be contacted for payment of the registration fee. After your registration payment has been processed, your registration will be confirmed. **Married couples, please fill out separate application forms.***

****PLEASE PRINT CLEARLY****

DATE: _____

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE NUMBER(S): _____

CHURCH/MINISTRY (IF APPLICABLE) *YOU MUST INCLUDE A PASTORAL REFERENCE LETTER, SEE BACK PAGE FOR MORE INFO*

WHAT IS YOUR HOME CHURCH: _____

LOCATION: _____ PASTOR: _____

PASTOR'S CONTACT: _____

WEBSITE: _____

HOW LONG HAVE YOU ATTENDED: _____

WHAT IS THE NAME OF YOUR MINISTRY, IF APPLICABLE: _____

VISION/NATURE OF YOUR MINISTRY: _____

WEBSITE: _____

IN WHAT WAY(S) DO YOU SERVE YOUR CHURCH/MINISTRY: _____

HOW LONG HAVE YOU BEEN IN THIS POSITION: _____

PREVIOUS MINISTRY/CHURCH POSITIONS: _____

MEDICAL/PERSONAL INFO

DO YOU HAVE ANY MEDICAL CONDITIONS: YES NO

IF YES, PLEASE EXPLAIN: _____

IS THIS CONDITION WELL CONTROLLED WITH MEDICATION: YES NO

DO YOU HAVE ANY PHYSICAL LIMITATIONS OR DISABILITIES: YES NO

IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE ANY ALLERGIES, INCLUDING FOOD ALLERGIES: YES NO

IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE ANY SPECIFIC DIETARY NEEDS (i.e. vegetarian, gluten free, etc): YES NO

IF YES, PLEASE EXPLAIN: _____

EMERGENCY CONTACT PERSON: _____

PHONE NUMBER(S): _____

RETREAT INFORMATION

HAVE YOU HEARD IAN CLAYTON OR KEVIN THOMPSON BEFORE: YES NO

IF YES, PLEASE EXPLAIN WHO AND WHEN: _____

The purpose in asking the following questions is to hear your desires and expectations for attending. Our heart is to come into agreement with you for why you want to come and what you are expecting. There are no right or wrong answers. Please do not be too brief, and feel free to attach a separate sheet of paper if you need more space.

HOW DID YOU HEAR ABOUT THE RETREAT AND WHY DO YOU WANT TO ATTEND:

WHAT ARE YOU EXPECTING TO GAIN FROM THIS RETREAT: _____

HAVE YOU ATTENDED ANY OF THE PREVIOUS RETREATS HOSTED BY KEVIN AND AMY THOMPSON: YES NO IF YES, WHAT YEAR(S) _____

IF YES, PLEASE EXPLAIN HOW YOU CHANGED FROM YOUR EXPERIENCES AT THE RETREAT(S) (i.e. what you learned, how you have applied it to your life, what had the largest impact on you, etc)

I acknowledge that I have completed all questions to the best of my knowledge, and will update this information as necessary prior to the beginning of the retreat.

SIGNATURE: _____ DATE: _____

APPLICATION SUBMISSION

Please include with this application ***a letter of reference from a pastoral figure*** in your life. If you do not regularly attend a church, you may have someone who knows you well and can attest to your character write you a letter, preferably someone in ministry but it's not necessary. Please have them explain in the letter how they know you and for how long. You do not need to attend a local church, have a ministry, or a be a leader to attend this retreat. Everyone is welcome to apply!

We will respond to you within two to three weeks of receiving your application.

EMAIL TO: Info@KevinThompson.net

FAX TO: 360-863-3574

**MAIL TO: Revelation Church
P.O. Box 1832
Snohomish, WA 98291
USA**