



PRAYER GATHERING FIVE-FOLD MINISTRY REGISTRATION FORM

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Church Information

Church Name: _____ City/State: _____

Leader/Pastor: _____

Auxiliary Involvement: _____

Ministry Gifts

What area(s) are you effective? Circle all that apply and explain.

Prophet _____

Apostle _____

Pastor _____

Evangelist _____

Teacher _____

What do you hope to obtain from attending the Five-Fold Ministry impartation session?
