

# Application Form

Please completely fill out all requested information and return this form by Monday, April 30, 2018.

## Personal Details

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Age (minimum 13 years): \_\_\_\_\_ Gender:  Male  Female Marital Status:  Single  Married

Postal Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postcode \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport number: \_\_\_\_\_

I attend the Seventh Day Adventist Reform Movement church in:

City: \_\_\_\_\_ State / Province: \_\_\_\_\_

## About Me

1. Please describe your past and present religious experience (background and brief testimony).

2. Please tell us why you would like to participate in the program.

## Conditions and Commitment

I understand the following conditions apply to participation in the program:

- I will be responsible for my own travel costs to Canada.
- If under age 18, a parent or guardian must complete and sign the authorization below.
- If aged 13-16, and not attending with a parent or guardian, a responsible person appointed by my parent or guardian must accompany me.

Commitment: I am willing, by the grace of the Lord, to comply with the rules of the program and to be in attendance to the entire program from July 26 to August 13, 2018.

\_\_\_\_\_  
Signature of Applicant

## Parent/Guardian Permission

Required for all participants under 18 years old:

I hereby give permission to the applicant named above to participate in the program described herein, and .

Full name of Parent or Guardian \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Full name of responsible person (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Signature of responsible person (if applicable)

## Recommendation

Required for all participants. To be completed by SDA Reform Movement minister or elder.

I \_\_\_\_\_, minister/elder in \_\_\_\_\_

Field / Union / Church, have read the above, am in wholehearted agreement, and recommend that \_\_\_\_\_ attend the program described herein.

\_\_\_\_\_  
Signature of minister or elder (required)

## Application Submission

Please mail or email your completed application to:

Toronto Project  
SDA Reform Movement ECFC  
24 Wardlaw Cres,  
Toronto ON M9V 1L2  
Canada

Email: [dorin\\_sdarm@yahoo.com](mailto:dorin_sdarm@yahoo.com)

Note: any questions about the application form or the program should be directed to Dorin Burca by phone at +1 (905) 977-7724 or via email to [dorin\\_sdarm@yahoo.com](mailto:dorin_sdarm@yahoo.com)