

Preacher Training Camp

July 14-19, 2024

Lewisville church of Christ - 901 College Parkway, Lewisville, Texas 75077 - 972-353-2518

Application Form (Please return application with camp fee no later than 7/7/24. **CAMP FEE is \$100.**)

Name: _____ Birth Date: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Parent's Names: _____

Name of congregation where you worship: _____ Grade completed July 1, 2024: _____

Have you attended a Preacher Training Camp before? YES NO How many years attended? _____

Have you been baptized? YES NO If so, when? _____

Do you use alcohol, tobacco and/or drugs? YES NO _____

Do you have any public speaking experience? YES NO If yes, please explain: _____

Have you led congregational singing? YES NO Have you led a one-on-one Bible study? YES NO

Are you interested in being a full-time minister? YES NO What type ministry: _____

What interest do you have in preaching? _____

List any awards, honors, leadership roles, etc.... _____

Write a brief paragraph explaining why you want to attend Preacher Training Camp.

Do you have any commitments that would require you to leave camp early? YES NO

If yes, please explain? _____

I agree to do my very best to make Preacher Training Camp the best it can be. I will give my best to each class and my full attention to each speaker. I will give my complete effort to the preparation and delivery of the sermon topic I am assigned. I will abide by all the rules set by the staff and will do my very best to contribute positively to Preacher Training Camp.

(Signature of applicant) Date _____

RSVP for Reception July 19 at 11:15AM in the Fellowship Center at the Lewisville church of Christ

NUMBER ATTENDING (including PTC participant) _____

Processed by: _____ Date: _____ Paid: Check # _____ Cash _____

Authorization for Medical Care

(This form is required for all campers 18 and under.)

Minor's Name: _____ Birth Date: _____

Phone #: _____ Age: _____

Father's Name: _____ Cell Phone: _____ Work Phone: _____

Mother's Name: _____ Cell Phone: _____ Work Phone: _____

Email: Father's: _____ Mother's: _____

Medical Insurance Company: _____

Insurance Policy #: _____

Any medications the minor is allergic to: _____

Family Doctor: _____ Phone #: _____

In case of an emergency, I give permission for the one named on this form to receive emergency medical treatment.

Authorization to Use Photographs and/or Audio-Visual

(This form is required to be signed by a parent for all campers 18 and under. All campers must sign.)

Permission to Use Photographs, Audio and/or Video Recordings

Event: Preacher Training Camp ("PTC")

Location: Lewisville church of Christ and off-site camp related activities and locations

I grant to PTC, as an outreach of Lewisville church of Christ, the right to take photographs, audio and/or video recordings of me in connection with the above identified event only. I authorize PTC, its assigns and transferees to copyright, use and publish the same in print and/or digitally for camp related purposes, only.

I agree that PTC and/or Lewisville church of Christ may use such photographs, audio and/or video recordings of me with or without my name and for such purposes as publicity, illustration, and Web content, including social media such as Facebook, Twitter and Instagram in connection with PTC, only.

I have read, understand and agree to the above:

Student Name: _____ Date: _____

Student Signature: _____

Parent Name: _____ Date: _____

Parent Signature: _____

Recommendation from an elder: _____
(Signature of elder)

Recommendation from a minister: _____
(Signature of minister)