



Ministry Development Services

REGISTRATION FOR INDIVIDUAL CANDIDATE PROGRAM SC UNITED METHODISTS

Name _____
(Last) (First) (MI)

Nickname (if any) _____ Race/Ethnic (optional) _____

Address _____
(Street) (City) (State) (Zip)

Telephone Numbers _____
(Home) (Work) (Cell)

Email Address _____ Date of Birth _____

Age _____ Marital Status _____ Spouse/Fiancé/Partner Name _____

Denomination _____ Conference _____

Total years of schooling, including the first twelve _____

I was referred to the Center by:

___ Myself
___ Other: Name _____ Position _____

Address _____
(Street) (City) (State) (Zip)

Is a written report being requested? _____ Yes _____ No



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If attending a Retreat, the candidate's share of the **PROGRAM FEE** is due and payable two weeks prior to the Retreat. Please note that the fee is **non-refundable** and can be applied to any program re-scheduled within one year.

If your judicatory, church or another individual is contributing any portion of the program fee, please have **checks made payable to: Ministry Development Services (or "MDS")**, or you may pay by MasterCard or VISA. **Payments of any portion of the fee are due two weeks before the Retreat.** It is your responsibility to assure that the entire program fee is paid. If checks are mailed, please make sure they arrive before the program.

I am responsible for the program fee of \$_____ and hereby accept that responsibility.

Signature_____ Date:_____