



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 _____

I have a physical condition that makes it difficult or impossible for me to climb stairs.
_____ Yes _____ No

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

FEE POLICY:

- A. Both the registration form and the program fee are to be submitted as soon as possible after the appointment date is selected as **program dates are not confirmed until the deposit is received.** Please note: the deposit is **non-refundable.** The deposit can be applied to any program re-scheduled within one year of the initial appointment **provided the cancellation is made at least fourteen (14) days prior to the appointment date**

- B. **If attending a Retreat both the registration form and the fee are to be submitted no later than 2 weeks prior to the Retreat.**

- C. If your church or another individual is contributing any portion of the program fee, please have **check made payable to: Ministry Development Services (or “MDS”)**, or you may pay by MasterCard, VISA. **Payment is due on or before the first appointment or before a scheduled retreat.**

I am responsible for the program fee of \$ 374.00 and hereby accept that responsibility.

Signature_____ **Date:**_____