



## 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



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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.

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:** \_\_\_\_\_