

# Barnabas World Outreach Training

## El Shaddai Assembly of God

157-16 65 Ave. Flushing New York, 11367  
P.O. BOX 56166 Flushing NY 11356-0166

### Admisssion Application Solicitud de Admisión

#### Personal Information / Datos Personales

---

*Last Name / Apellido(s)*

*First Name / Nombre*

---

*Address / Dirección*

*Apt.*

---

*City / Ciudad*

*State / Estado*

*Zipcode / Código Postal*

---

*Telephone (home) / Teléfonos (Casa)*

*Cellphone / Celular*

*e-mail / Correo Electrónico*

---

*Date of Birth / Fecha de Nacimiento*

*Age / Edad*

*Country of Origin / Pais de Nacimiento*

#### Religious Information / Datos Eclesiales

---

*Conversion Date / Fecha de Conversión*

*Name of Church currently attending / Iglesia donde es miembro*

---

*City / Ciudad*

*State / Estado*

*Zipcode / Código Postal*

#### Emergency Contact Information / Datos en Caso de Emergencia

---

*Contact's Name / Persona a contactar en caso de emergencia*

*Telephones / Teléfonos*

---

*Please write above any medication for illnesses, allergies that the event staff should know*  
*¿Alguna enfermedad y/o alergia que los coordinadores de BWOT deben conocer?*

---

*Date*  
*Fecha*

---

*Participant's Signature*  
*Firma del Participante*

---

*Pastor's Signature*  
*Firma del Pastor(a)*

# **Barnabas World Outreach Training**

## **El Shaddai Assembly of God**

157-16 65 Ave. Flushing New York, 11367  
P.O. BOX 56166 Flushing NY 11356-0166

### **Cooperation Agreement**

I, \_\_\_\_\_, have read and agree to abide and adhere to all the rules and regulations stated and the information packets and meetings of the 2012 BWOT.

### **Liability Release**

I, \_\_\_\_\_, release Barnabas World Outreach Training and all of the staff person directing it from any liabilities as a result of my participation in the weekly training at Mahanaim Camp on the dates from August 5 to August 10 2012. I understand that any bodily injury resulting from my participation and any event is to be covered at my own expense. In the event of any injury that requires immediate decision-making, I have provided BWOT with an emergency contact and an accessible telephone number(s) where this person can be reached. In the event that the emergency contact person is not accessible, BWOT reserves the right to make a decision for my health and safety (BWOT will not be charged for expenses related to this procedure).

### **Insurance**

I, \_\_\_\_\_, have subscribed the Insurance company provided to Barnabas World Outreach Training.