**SOZO MINISTRY APPLICATION**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP CODE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER (male/female)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME CHURCH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU RECEIVED SOZO MINISTRY IN THE PAST?\_\_\_\_\_\_\_ WHEN?\_\_\_\_\_\_\_\_\_\_\_\_\_

WHY WOULD YOU LIKE TO RECEIVE A SOZO? (YOU MAY USE THE BACK IF NEEDED)

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WHO REFERRED YOU TO THE SOZO MINISTRY?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU FAITHULLY ATTEND CHURCH?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF NOT, WE STRONGLY RECOMMEND YOU DO. WE RECOMMEND THAT YOU SHARE WITH SOMEONE YOU TRUST WHAT HAPPENED DURING THE SOZO SESSION SO THAT YOU WILL HAVE SOMEONE TO PRAY WITH AND HOLD YOU ACCOUNTABLE.

WILL YOU BE ABLE TO FAST/PRAY ONE WEEK BEFORE YOUR SESSION?\_\_\_\_\_\_\_\_

FOR THE VALUE OF THE TIME SPENT MINISTERING TO YOU, THERE IS A SUGGESTED DONATION OF $50.00. YOU MAY SEND THE DONATION WHEN YOU RETURN THIS APPLICATION WITH THE SIGNED LIABILITY RELEASE FORM TO ENCOUNTER CHURCH, ATTENTION: SOZO MINISTRY, 5300 TWIN CITY HWY, GROVES, TEXAS 77619. AS SOON AS YOUR PAPERWORK IS RECEIVED AND PROCESSED, WE WILL CONTACT YOU TO SCHEDULE AN APPOINTMENT.

*THANK YOU*

**OFFICE USE ONLY**

**APPOINTMENT DATE/TIME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TEAM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DONATION RECEIVED\_\_\_\_\_\_\_\_\_\_ CASH\_\_\_\_\_\_\_\_\_\_\_CHECK\_\_\_\_\_\_\_\_\_\_#\_\_\_\_\_\_\_\_\_\_**