



## APOSTOLIC LEADERSHIP INSTITUTE RE-ENROLLMENT APPLICATION

**DEADLINE: JULY 1ST** | Tuition cost for the week includes lodging & meals for five days.

Please respond to each question thoughtfully and ensure your answers are printed or typed clearly.

Be sure to include all required signatures.

All information will be treated as confidential and handled with the utmost care. If a question is not applicable, please indicate with "N/A"

### Personal Data

**NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_ **GENDER** \_\_\_\_\_  
LAST FIRST M.I.

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_  
PRIMARY SECONDARY

**EMERGENCY CONTACT** \_\_\_\_\_ **NAME** \_\_\_\_\_ **RELATION** \_\_\_\_\_ **PHONE** \_\_\_\_\_

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

**PASTOR** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**Date of your water baptism in Jesus Name** \_\_\_\_\_  
D M Y

**Date you received the Holy Spirit evidenced by speaking in tongues** \_\_\_\_\_  
D M Y

# Health & Liability Insurance Information

DETAILS

POLICY HOLDER

POLICY #

INSURANCE COMPANY

GROUP #

ADDRESS

CITY

STATE

ZIP CODE

PHONE

## Signatures & Acknowledgments

The above named applicant has my permission to attend the A.L.I. I assume full responsibility for this applicant’s health including any medical expenses incurred while at the Institute. I hereby grant my permission for this applicant to be administered any treatment that should become necessary as determined by any physician or medical personnel available to the Institute Staff. I understand that I will be notified should anything unforeseen happen. Should the Institute Staff be unable to contact the above named emergency contact due to time or other circumstances, the Institute Staff may take such temporary measures as they deem necessary and appropriate.

In consideration of my acceptance to participate in the A.L.I. program I hereby waive and promise not to sue the Apostolic Leadership Institute, its officers, directors, agents, divisions, employees, members, sponsors, promoters, affiliates, and the supervisory personnel and staff, and all private persons or entities volunteering services without charge, for any claim, liability, loss, cost or expense whatsoever arising in any way out of my participation in said Apostolic Leadership Institute.

### LEGAL BINDING ELECTRONIC SIGNATURES

Required if under 18 or still in High School.

I fully understand the terms stated above,  
giving \_\_\_\_\_  
permission to attend Apostolic Leadership Institute.  
I am giving my signature electronically.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

DATE    D       M       Y

I fully understand the terms stated above and will  
attend the Apostolic Leadership Institute. I am giving  
my signature electronically.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

DATE    D       M       Y