

ALI 2026

\$750
JULY 12-17



APOSTOLIC LEADERSHIP INSTITUTE RE-ENROLLMENT APPLICATION

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

<p>Please respond to each question thoughtfully and ensure your answers are printed or typed clearly. Be sure to include all required signatures.</p>	<p>All information will be treated as confidential and handled with the utmost care. If a question is not applicable, please indicate with "N/A"</p>
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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

**Applications can be mailed to 39 Firebrick Rd, Sharon, MA 02067
or emailed to apostolicleadership2@gmail.com**