



GUIDELINES TO COMPLETING SCHOOL APPLICATION

Please submit the following:

1. Application Form.

Please answer every question (if it doesn't apply to you, write N/A). You must be 18 years old to apply.

2. Registration Fee.

A non-refundable registration fee of \$40 for singles or \$65 for married couples must be sent with the application.

3. Confidential Health Form.

4. Physician's Recommendation/Consent For Treatment/Liability Release Form.

This must have all required signatures.

5. Supplemental Questions.

Please prayerfully and concisely answer the following questions on a separate piece of paper. Please print or type.

- A. Describe your conversion experience and your present relationship with the Lord.
- B. Describe other significant spiritual experiences you have had in your walk with the Lord.
- C. How would you describe your relationship with your family? Include how they feel about your plans to attend this program.
- D. Describe your relationship with your local church; include areas of service and leadership.
- E. Are you presently employed or in school? Please specify.
- F. Describe your long-term goals. Has God spoken to you about your life's calling? Please specify.
- G. Have you ever been involved in a short-term outreach or training program? If so, where, what type(s) of ministry were you involved in, and who was the leader?
- H. Have you ever been involved in: a felonious crime, drug or alcohol abuse, occultic activities, or homosexual practices? Explain. (Note: This will not affect acceptance.)
- I. Do you ever use tobacco or alcohol products in any form or occasion? If so, please explain.
- J. What areas of your character are you presently seeking God to further develop and improve?
- K. Why do you desire to attend this school? How did you hear about YWAM Minneapolis and are we your first choice?
- L. Please list any special circumstances or situations we should know about. (i.e., background relating to medical or emotional/psychological history).
- M. Our training schools consist of a three month lecture phase, immediately followed by a required two month field assignment, usually overseas. Do you know of any circumstance that might prevent you from attending the field assignment? If yes, please explain.
- N. Please list the names and addresses of your three references.

6. Three Reference Forms. Please fill out the top portion of each reference form and give one to your pastor or spiritual leader, one to an employer or teacher, and one to a mature Christian friend. Please give each reference a stamped and addressed envelope. It is a good idea to follow up with each reference to make sure they are sent to us in a timely manner so that your application process is not delayed.

Important

Mail all forms to: YWAM Admissions - P.O. Box 268 - Rockford, MN 55373

We encourage applicants to send in the application as early as possible.

U.S. citizens should apply three weeks prior to the start of the school.

Non-U.S. citizens should apply no later than two months prior due to visa processing.

All payments of registration and tuition fees should be made in U.S. Dollars.



SCHOOL APPLICATION FORM

Place photo of yourself here, or if applying electronically, please e-mail a jpg image.

Applying for: Fall DTS Winter DTS Amazon DTS Summer SOE

PERSONAL INFORMATION

Name _____
(First) (Middle) (Last/Family)

Phone (_____) _____ E-mail Address _____

Address _____ until _____

Permanent Address (if different) _____

Sex _____ Height _____ Weight _____ Country of Citizenship _____

Predominant Ethnic Background (key at right): _____

- | | |
|-----------------------------|---------------|
| 1-Asian or Pacific Islander | 2-Hispanic |
| 3-Native American Indian | 4-Black |
| 5-White/North American | 6-White/Other |

Birthdate _____ Age _____ Birthplace _____
(Month/Day/Year) (City) (State/Province) (Country)

Passport # _____ Expires _____

Name _____ Social Security# _____
(Give full name as it appears on passport)

Driver's License # _____ State _____ Type of License _____

Languages (please indicate proficiency i.e. spoken, written etc.) _____

Marital Status: Single Engaged (Date _____) Married (Date _____)
 Separated (Date _____) Divorced (Date _____) Remarried (Date _____) Widowed (Date _____)

Name and age of children: _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address: _____

Phone (_____) _____

CHURCH INFORMATION

Home Church _____

How long have you attended there? _____ Pastor's Name _____

Church Address _____

Church Phone (_____) _____ Church E-mail Address _____

EDUCATION / EMPLOYMENT / SKILLS

What higher education have you had, if any? What was your major/minor? Where did you obtain your degree? _____

Are you currently in school? If so specify. _____

Are you currently employed? If so please list your present employer. _____

Occupation _____

Other Occupational Skills _____ Years Exp. _____

_____ Years Exp. _____

Do you have any musical abilities or other talents? _____

What are your plans after you complete this training?

Further Education YWAM Staff Back to job Uncertain

Work with home church Teaching Full-time Missions

FINANCIAL INFORMATION

Do you have the total fees? Yes No If not, how much do you have? _____

From what source(s) will you receive the remainder? _____

Do you have any outstanding debts? If so, explain. _____

Please sign the following if you agree to commit to the statement.

“I certify that all information in the application is complete and accurate. If accepted by Youth With A Mission, I will abide by the spirit, rules, and schedule of the program. I also confirm that I am fully aware of my financial obligations, and I understand that payment of the required fees must be made prior to my departure. I therefore commit myself to paying all personal expenses incurred during my involvement with Youth With A Mission.”

Signature _____ Date _____

Signature of parent or guardian if applicant is under 18 years old: _____



PHYSICIAN'S RECOMMENDATION

Name of applicant _____

To the physician: The above-named person has applied for service with Youth With A Mission. This program will require good health and endurance. Please review the Personal History' information on the opposite side, fill out the portion below, and make any additional comments. Thank You.

Blood Pressure _____	Pulse _____	Blood Type _____
Are there any abnormalities of the following system?		
	Yes No	Please Describe
Ears, Nose, Throat	<input type="checkbox"/> <input type="checkbox"/>	_____
Eyes	<input type="checkbox"/> <input type="checkbox"/>	_____
Neurological	<input type="checkbox"/> <input type="checkbox"/>	_____
Cardiovascular	<input type="checkbox"/> <input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/> <input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/> <input type="checkbox"/>	_____
Would he or she be able to walk 3-4 miles per day? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments _____		
<input type="checkbox"/> Acceptable without limitations <input type="checkbox"/> Should remain in areas where adequate medical care is provided <input type="checkbox"/> Not acceptable <input type="checkbox"/> Acceptable with limitations (specify) _____		
Doctor's signature _____		Date _____
Doctor's name (printed) _____		
Address _____		

CONSENT FOR TREATMENT

In case of an emergency, I hereby agree to the performance of such treatment, anaesthetics, and operations the attending physician or doctor may deem necessary.

Applicant's signature _____ Date _____

Signature of parent or guardian if applicant is under 18 years old: _____

LIABILITY RELEASE

I hereby release Youth With A Mission, its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by said person during the course of involvement with Youth With A Mission. I agree to resolve any and all disputes with Youth With A Mission directors or staff by means of reconciliation or arbitration, and waive any right to pursue any action by way of litigation.

Applicant's signature _____ Date _____

Signature of parent or guardian if applicant is under 18 years old: _____

CONFIDENTIAL HEALTH FORM

Name _____

Applying for: Fall DTS Winter DTS Amazon DTS Summer SOE

If emergency, contact _____ Phone (____) _____

Medical Insurance Co. _____ Ins. # _____

PERSONAL HISTORY: Please answer all questions. Explain 'Yes' answers in the space below.

Have you ever had, or do you have any of the following?

	Yes	No		Yes	No		Yes	No
Skin conditions	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Stomach/Duodenal Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Eye trouble	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever, Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder problems	<input type="checkbox"/>	<input type="checkbox"/>
Ear trouble	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>
Head injury	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Recurring headaches	<input type="checkbox"/>	<input type="checkbox"/>	Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal troubles	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism/Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Recurring diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Mental/nervous disorders	<input type="checkbox"/>	<input type="checkbox"/>	Dislocation of joints	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Anaemia	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	Anorexia Nervosa	<input type="checkbox"/>	<input type="checkbox"/>	Tumor; Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Allergy	<input type="checkbox"/>	<input type="checkbox"/>	Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	FEMALES ONLY:		
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Irregular periods	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonamides	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Severe cramps	<input type="checkbox"/>	<input type="checkbox"/>
Serum	<input type="checkbox"/>	<input type="checkbox"/>	Hernia repair	<input type="checkbox"/>	<input type="checkbox"/>	Excessive flow	<input type="checkbox"/>	<input type="checkbox"/>
Other-specify	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Food-specify	<input type="checkbox"/>	<input type="checkbox"/>	Others-specify	<input type="checkbox"/>	<input type="checkbox"/>	Previous pregnancies	<input type="checkbox"/>	<input type="checkbox"/>

Other/Explain _____

Are you now under doctor's care for any condition? No Yes _____

Are you taking any medication at this time? No Yes _____

Do you have any physical handicaps or health conditions which require special attention?

No Yes _____

Do you have a history of emotional instability or psychiatric treatment? No Yes _____

Do you smoke? No Yes If yes, would you be willing to quit? No Yes

Are you overweight? average? underweight? Pounds over/under _____

Would you rate your health condition as: Excellent Good Fair Poor

Have any of your relatives ever had any of the following?

Yes	No	Relationship	Yes	No	Relationship
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis _____	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes _____	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Disease _____
<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease _____	<input type="checkbox"/>	<input type="checkbox"/>	Asthma, Hay Fever _____
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease _____	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions, Epilepsy _____
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension _____	<input type="checkbox"/>	<input type="checkbox"/>	Cancer _____

Have you ever had any of the following communicable diseases?

Yes	No	Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis
<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever
<input type="checkbox"/>	<input type="checkbox"/>	Measles (Rubeola)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____



TEACHER OR EMPLOYER'S REFERENCE FORM

TO THE APPLICANT: Please complete the information below and provide the person who will fill out this reference with a stamped envelope addressed to YWAM Admissions - P.O. Box 268 - Rockford, MN 55373.

Name of Applicant _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Applying for: Fall DTS Winter DTS Amazon DTS Summer SOE

To ensure an honest reference, we ask you to consider signing the following waiver.

“I waive any right I have to read or obtain copies of this information.” Signature _____

The above applicant has applied for participation in a Youth With A Mission program. YWAM, founded in 1960, is an international, interdenominational Christian missionary organization. Serious consideration will be given to your comments, so we would greatly appreciate your careful and thoughtful completion of this form. All evaluations will be kept in strict confidence, and will not be shown to the applicant if the above waiver has been signed. Your response within 7 days would be most appreciated. Thank you for your assistance.

Name (please print) _____

Phone (_____) _____

Address _____ E-mail _____

Length of time you have known the applicant: _____ years _____ months

How well do you know the applicant? Very well Well Casually

Please check the following and comment as necessary:

	Superior	Above Average	Average	Below Average
Ability to receive				
Self-confidence				
Ability to make decisions				
Social poise				
Concern for others				
Ability to follow				
Leadership				
Willingness to serve				
Emotional stability				
Communication skills				
Health				
Personal appearance				

Comments: _____

Mental ability

Quick to comprehend

Average

Slow

Industry

Hard worker

Average

Lacks persistence

Reliability

Meets obligations

Average

Neglects obligations

Teamwork	<input type="checkbox"/> Works well with others	<input type="checkbox"/> Average	<input type="checkbox"/> Often causes friction
Flexibility	<input type="checkbox"/> Open to change	<input type="checkbox"/> Average	<input type="checkbox"/> Unyielding
Christian character	<input type="checkbox"/> Well balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
Financial responsibility	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

Comments: _____

1. Does he/she display high moral standards? Yes No Explain _____

2. What do you feel the applicant's motives are in applying to this program?

- | | | |
|--|--|--|
| <input type="checkbox"/> Christian service | <input type="checkbox"/> Desire to spread Gospel | <input type="checkbox"/> Escape an unpleasant home situation |
| <input type="checkbox"/> Desire to help others | <input type="checkbox"/> Travel <input type="checkbox"/> Adventure | <input type="checkbox"/> Receive help/ministry |
| <input type="checkbox"/> Other (Specify) _____ | | |

3. Please comment on the applicant's family background (if known) _____

4. What do you consider to be the applicant's strong points? (include special abilities) _____

5. What do you see as one of the applicant's weak points? Is the applicant aware of them? _____

6. Please add any other pertinent remarks: _____

7. What has been the level of commitment you have seen the applicant exemplify? _____

8. To the best of your knowledge, is the applicant prejudice against races, genders, or nationalities? _____

9. Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character? _____

10. How does the applicant work on a team? _____

11. What is the applicant's attitude toward authority? _____

12. Would you recommend the applicant for acceptance to this program? Yes With some reservations (Explain)
No (Explain) _____

Signature _____ Date _____

PLEASE RETURN FORM TO:
 YWAM Admissions - P.O. Box 268 - Rockford, MN 55373-026



FRIEND'S REFERENCE FORM

TO THE APPLICANT: Please complete the information below and provide the person who will fill out this reference with a stamped envelope addressed to YWAM Admissions - P.O. Box 268 - Rockford, MN 55373.

Name of Applicant _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Applying for: Fall DTS Winter DTS Amazon DTS Summer SOE

To ensure an honest reference, we ask you to consider signing the following waiver.

“I waive any right I have to read or obtain copies of this information.” Signature _____

The above applicant has applied for participation in a Youth With A Mission program. YWAM, founded in 1960, is an international, interdenominational Christian missionary organization. Serious consideration will be given to your comments, so we would greatly appreciate your careful and thoughtful completion of this form. All evaluations will be kept in strict confidence, and will not be shown to the applicant if the above waiver has been signed. Your response within 7 days would be most appreciated. Thank you for your assistance.

Name (please print) _____

Phone (_____) _____

Address _____ E-mail _____

Length of time you have known the applicant: _____ years _____ months

How well do you know the applicant? Very well Well Casually

Please check the following and comment as necessary:

	Superior	Above Average	Average	Below Average
Ability to receive correction				
Self-confidence				
Ability to make decisions				
Social poise				
Concern for others				
Ability to follow				
Leadership				
Willingness to serve				
Emotional stability				
Communication skills				
Health				
Personal appearance				

Comments: _____

- | | | | |
|---------------------|---|----------------------------------|--|
| Mental ability | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Slow |
| Industry | <input type="checkbox"/> Hard worker | <input type="checkbox"/> Average | <input type="checkbox"/> Lacks persistence |
| Reliability | <input type="checkbox"/> Meets obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglects obligations |
| Teamwork | <input type="checkbox"/> Works well with others | <input type="checkbox"/> Average | <input type="checkbox"/> Often causes friction |
| Flexibility | <input type="checkbox"/> Open to change | <input type="checkbox"/> Average | <input type="checkbox"/> Unyielding |
| Christian character | <input type="checkbox"/> Well balanced | <input type="checkbox"/> Average | <input type="checkbox"/> Unstable |

Disposition Cheerful Average Passive
Punctuality Punctual Average Often late
Financial responsibility Honors obligations Average Neglectful
Comments: _____

1. Does he/she display high moral standards? Yes No Explain _____

2. What do you feel the applicant's motives are in applying to this program?
Christian service Desire to spread Gospel Escape an unpleasant home situation
Desire to help others Travel Adventure Receive help/ministry
Other (Specify) _____

3. Please comment on the applicant's family background (if known) _____

4. What do you consider to be the applicant's strong points? (include special abilities) _____

5. What do you see as one of the applicant's weak points? Is the applicant aware of them? _____

6. Please add any other pertinent remarks: _____

7. What has been the level of commitment you have seen the applicant exemplify? _____

8. To the best of your knowledge, is the applicant prejudice against races, genders, or nationalities? _____

9. Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character? _____

10. How does the applicant work on a team? _____

11. What is the applicant's attitude toward authority? _____

12. Would you recommend the applicant for acceptance to this program? Yes With some reservations (Explain)
No (Explain) _____

Signature _____ Date _____

PLEASE RETURN FORM TO:
YWAM Admissions - P.O. Box 268 - Rockford, MN 55373-0268



SPIRITUAL LEADER'S REFERENCE FORM

TO THE APPLICANT: Please complete the information below and provide the person who will fill out this reference with a stamped envelope addressed to YWAM Admissions - P.O. Box 268 - Rockford, MN 55373.

Name of Applicant _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Applying for: Fall DTS Winter DTS Amazon DTS Summer SOE

To ensure an honest reference, we ask you to consider signing the following waiver.

“I waive any right I have to read or obtain copies of this information.” Signature _____

The above applicant has applied for participation in a Youth With A Mission program. YWAM, founded in 1960, is an international, interdenominational Christian missionary organization. Serious consideration will be given to your comments, so we would greatly appreciate your careful and thoughtful completion of this form. All evaluations will be kept in strict confidence and will not be shown to the applicant if the above waiver has been signed. Your response within 7 days would be most appreciated. We desire to come along side your ministry to the applicant by continuing the discipling process. If you have any questions or input, please do not hesitate to contact us. Thank you for your assistance.

Name (please print) _____ Phone (_____) _____

Address _____ E-mail _____

In what situations have you observed the applicant? _____

Length of time you have known the applicant: _____ years _____ months

How well do you know the applicant? Very well Well Casually

Please check the following and comment as necessary:

	Superior	Above Average	Average	Below Average
Ability to receive correction				
Self-confidence				
Ability to make decisions				
Social poise				
Concern for others				
Ability to follow				
Leadership				
Willingness to serve				
Emotional stability				
Communication skills				
Health				
Personal appearance				

Comments: _____

- | | | | |
|----------------|---|----------------------------------|--|
| Mental ability | <input type="checkbox"/> Quick to comprehend | <input type="checkbox"/> Average | <input type="checkbox"/> Slow |
| Industry | <input type="checkbox"/> Hard worker | <input type="checkbox"/> Average | <input type="checkbox"/> Lacks persistence |
| Reliability | <input type="checkbox"/> Meets obligations | <input type="checkbox"/> Average | <input type="checkbox"/> Neglects obligations |
| Teamwork | <input type="checkbox"/> Works well with others | <input type="checkbox"/> Average | <input type="checkbox"/> Often causes friction |
| Flexibility | <input type="checkbox"/> Open to change | <input type="checkbox"/> Average | <input type="checkbox"/> Unyielding |

Christian character	<input type="checkbox"/> Well balanced	<input type="checkbox"/> Average	<input type="checkbox"/> Unstable
Disposition	<input type="checkbox"/> Cheerful	<input type="checkbox"/> Average	<input type="checkbox"/> Passive
Punctuality	<input type="checkbox"/> Punctual	<input type="checkbox"/> Average	<input type="checkbox"/> Often late
Financial responsibility	<input type="checkbox"/> Honors obligations	<input type="checkbox"/> Average	<input type="checkbox"/> Neglectful

Comments: _____

1. Which of the following would best describe the applicant's Christian experience?

Mature Contagious Genuine and Growing Over-emotional Superficial

Comments: _____

2. With reference to his/her Christian service, is he/she: Dedicated Average Casual

Comments: _____

3. Does he/she display high moral standards? Yes No Explain _____

4. What do you feel the applicant's motives are in applying to this program?

Christian service Desire to spread Gospel Escape an unpleasant home situation

Desire to help others Travel Adventure Receive help/ministry

Other (Specify) _____

5. Please comment on the applicant's family background: _____

6. What do you see as one of the applicant's strong points? Include special abilities. _____

7. What do you see as one of the applicant's weak points? Is the applicant aware of them? _____

8. Please add any other pertinent remarks (i.e. medical, psychological, drug or alcohol abuse, criminal record, homosexual or occultic practices, etc.) _____

9. What could this program do to aid in the applicant's personal development? _____

10. What has been the level of commitment you have seen the applicant exemplify? _____

11. To the best of your knowledge, is the applicant prejudice against races, genders, or nationalities? _____

12. Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character? _____

13. How does the applicant work on a team? _____

14. What is the applicant's attitude toward authority? _____

15. Is your congregation/group standing behind the applicant with enthusiasm and prayer? _____

16. Would you recommend the applicant for acceptance to this program? Yes

With some reservations (Explain) No (Explain) _____

Signature _____ Date _____

PLEASE RETURN FORM TO: YWAM Admissions - P.O. Box 268 - Rockford, MN 55373