

P.O. Box 4633
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Wave of Life
Course/Seminar Request

Phone: 805-933-5555
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PLEASE TYPE OR PRINT ALL INFORMATION

TODAY'S DATE: _____

COURSE/SEMINAR NUMBER: _____

COURSE/SEMINAR TITLE: _____

REQUESTED DATES: _____

HOST MINISTRY INFORMATION:

MINISTRY NAME: _____

MINISTRY ADDRESS

ADDRESS WHERE CLASS
WILL BE HELD IF DIFFERENT
FROM THE MINISTRY ADDRESS

MINISTRY PHONE NUMBER: _____

MINISTRY FAX NUMBER: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

INSTRUCTOR (Please sign where appropriate and fax to Wave of Life)

I ACCEPT THIS REQUEST (SIGNATURE): _____

DATE: _____

I DECLINE THIS REQUEST (SIGNATURE): _____

DATE: _____

I WOULD LIKE TO ACCEPT THIS REQUEST AT AN ALTERNATIVE DATE:

(SIGNATURE): _____

INSTRUCTOR ALTERNATE DATE (S) AVAILABILITY:

Instructors are responsible to contact host ministries in regard to any ministry engagements not related to this course request