

SURRENDER

Sovereign Surrender Ministries

The Surrender Program is divided into two parts. The first hour is lecture time and the second hour is small group time. This registration form has a personal questionnaire for you to fill out. Your answers will help us to better place you in a small group with people who are in similar situations as you. For example, if you are struggling in your marriage, we would like to place you with others who are feeling the same way. We would like you to list any additional information about yourself that you feel would be helpful for us in determining group and leader placement. All information will be kept strictly confidential. The cost for the 12 week program is \$30.00 per person. Please fill out the form completely, print and mail with your check payable to **The Branch Christian Center** and please put **Surrender** in the memo field.

Name: M/F: Age:

Address: City: Zip:

Home Phone #: () E-mail:

Marital Status: Single Married Divorced Separated Widower

How many times have you been married? Ages of children, if you have any:

If married, please mark one of the following:

- A. My spouse IS NOT a Christian
- B. My spouse IS a Christian, but is NOT walking with God right now
- C. My spouse IS a WALKING Christian

Is this your first Bible study? Yes No Have you ever taken Surrender before? Yes No
If yes, how many times and when?

Home Church (please mark one):

- A.
- B. None

What is your reason for coming to this program? (You may mark more than one).

- A. Basic learning and surrendering
- B. Healing
- C. To get my act together
- D. Marriage is on the rocks
- E. Other

List any additional information that will help us in placing you with a leader that can relate with your current situation or struggle: (any passed history that would be helpful, don't be shy, everything is kept confidential).

Please send registration form and check to:	For office use only:
The Branch Christian Center P.O. Box 2112 Hesperia, Ca 92340	Paid By: <input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> Check # _____ Date Paid: _____ Registered For: _____