

Encounters Application.

Name	
Age	
Address	
City	
State	
Zip	
Phone Home	
Phone Work	
Phone Cell	
Email Address	
Languages Spoken	
Do you Attend Church	
If Yes Where	
Are you in Church Ministry	
If yes what is your position	
Do you have any health concerns	
Marital Status	
Do you need handicap access	
If yes Explain	
Emergency Contact name	
Emergency Contact Phone	
Signed- Type your name as a signature	
Dated	

Please send form to:

River of Life Christian Center
 506 North Washington Avenue
 Waukesha, WI 53188