

*Estmos Associates
Ministries.*

Academy of Worship

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ESTMOS ASSOCIATES INTERNATIONAL

APPLICATION FORM FOR ADMISSION.

Name: _____ Date of Birth. _____

Age: _____ Gender(Male/Female) _____

Address. _____

_____ post code _____

Home Tel. _____ Mobil. _____

Fax. _____ E-mail _____

Church / Fellowship

Name of Leader. _____

Name of Church / Fellowship _____

Address of Church / Fellowship _____

_____ post code _____

Church Tel. _____ Fax. _____

E-mail _____

Choice of speciality area of worship

*(Please indicate only **one** speciality area of preference by putting a circle round your preference)*

- Leading worship.
- Playing Rhythm guitar.
- Playing Bass guitar.
- Playing Drums.
- Percussion.

(PLEASE TURN OVER)

Please answer the following questions to the best of your ability.

1. What is Worship?

2, List what you think you will be doing on this training course?

3, Are you involved in worship in your church? Yes / No. (circle the correct answer)

If yes, write in the space provided below the area and level of involvement.
