

**Witbank House of Prayer Ministry Training School
Enrollment Form**

Name: _____

Surname: _____

Gender: _____

Birth date: _____

Marital Status: _____

Phone No: _____

Address: _____

Language:

First: _____

Second: _____

Other: _____

E:mail: _____

Occupation: _____

Highest Academic Qualification: _____

Friend or Family member: _____

Contact no.: _____

Course/s you are enrolling in:

_____ Foundations Intimacy with Jesus

_____ Foundations Growing in Prayer

_____ Foundations Jesus 'Glorious Return

_____ Foundations Forerunner Ministry

_____ Excellencies of Christ

_____ How to study the Bible

_____ of Intercession

_____ Song of Solomon

E-mail your enrollment form to: info@witbankhop.co.za