

Joel Philip Church Ministries

Miracle Crusade Application

Stateside Crusades <http://www.freedomministries.com/jpcm.html>

2718 West Walnut St., Rogers, AR, USA 72756

Email: church@freedomministries.com

Phone: 800-494-7497

Dr. Susan Hecox, Director of National and International Crusades

PART I – Person Making Request

Title _____ Last Name _____ First Name _____ Street _____
Address _____ P.O. Box _____
City _____ State _____ (Country) _____ Postal Code _____
Home phone _____ Office phone _____ E-Mail _____

PART II -- Church or Organization Information

Name: _____
Pastor's Name _____ Phone _____
Pastor's Address _____ P.O. Box _____
City _____ State _____ (Country) _____ Postal Code _____
E-mail _____ Web page _____

PART III -- Crusade Information:

Date you would like to host JPCM _____ Alternate Date _____
Yes ___ I have you read, and understand the *To Prepare for the Meetings* Information.
Yes ___ I have read the *Freedom Statement of Faith* <http://www.freedomministries.com/statement.html>.
Yes ___ I know that God still does miracles.
Signature of Applicant _____ Date signed _____

Part IV – Other things that Dr. Church needs to know