

Lay Servant Ministries Application

Name: _____ Local Church: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ E-Mail: _____

This is a universal application form for all Crossroads District LSM Classes
All needed course information found on Course Curriculum Sheet.

Please make your choices:

____ *From Your Heart to Theirs* (Preaching)

____ *Leading Public Prayer* (Prayer)

____ *Leading Worship* (Worship)

____ *Living Our Christian Beliefs* (Wesleyan Heritage)

____ *God's Mission...Our Mission* (An Advanced Level Class)

____ *Discovering Your Spiritual Gifts* (Spiritual Gifts)

Applicant's Signature _____ Date _____

Application and payment (\$10 per class) due at registration.

Payable to: **UNYAC**. (Scholarships available)

Send both to Robert Mueller, 4432 Lathrop Dr. , Marcellus NY, 13108

Applicant's signature: _____ Date: _____

Pastor's Signature: _____ Date: _____

Payment (\$15.00) is due at registration. Send check written to UNYAC to:
Robert Mueller, 4432 Lathrop Dr., Marcellus NY 13108