



HEALING

FREEDOM

DISCIPLESHIP

Be free to live the life God has planned for you

Cleansing Stream Ministries
FACILITATOR REGISTRATION FORM
 (Please Print)

Today's date: _____

FACILITATOR INFORMATION

Facilitator's first name: _____ Initial: _____ Surname: _____
 Mr. Miss
 Mrs. Ms.

Street address: _____ Home phone no: _____
 ()

P.O. Box: _____ City: _____ State: _____ Post Code: _____

Fax no: _____ Mobile phone no.: _____ Email address: _____
 ()

Which mailing list do you prefer (please check one box):
 Mail Email Fax Phone None

Would you be interested in billeting visitors to the state retreats:
 Yes No

How many times have you facilitated a group: _____ Date you last attended a CSM Retreat: ___/___/___

CHURCH INFORMATION

Name of Church You Attend: _____ Pastors Name: _____ Denomination: _____

Street Address: _____ Suburb: _____ State: _____ Post Code: _____

P.O Box address: _____ Email address: _____ Church phone no: _____ Church fax no: _____

Church web address: _____

ADMINISTRATION

Have you attended a CSM facilitator training seminar: Yes No Date: ___/___/___ Location: _____

Are you available for further training with CSM: Yes No

Conducting the Cleansing Stream Seminar (CSS):
 I agree to conduct the Cleansing Stream Seminar as outlined in the Cleansing Stream Leader's Manual. Further, I will ensure the five (CSS) session will be presented using the CSM teaching videos. I will ensure that I will use and make available the full curriculum of workbooks, audio tape/cd teachings and reading books for seminar participants.

Facilitators full name and signature

Pastor (Witness)

PLEASE SEND THIS FORM TO THE CLEANSING STREAMS OFFICE AT: PO BOX 777, TEMPLESTOWE, 3106 or by email at info@cleansingstream.org.au