

Ministry of Healing and Prayer (*MOHAP*) Day Retreat – Booking Form Sunday 25th January 2015

The Advent Centre, 12 Crawford Place (off Edgware Rd) London, W1H 5 HD

(Registration commences 9.30 am; Program starts at 10.00 am and Concludes at 5.00 pm)

First Name:		Surname:
Address:		
Tel:	Mobile:	Email:
Health Concern safety and welfare dur		and personal information provided will be used solely to facilitate yo
		e should be aware of?
Other Information	on (please tick ALL applicable boxes)	
Do you have an illi	ness? Are you a Prayer Coo	rdinator? □ Are you a Pastor? □
Do you attend chu	rch? ☐ Yes ☐ No Church name	e:
Do you want to be	contacted via email regarding fu	ture MOHAP;
Retreats □Yes □	No Chapters □Yes □No	(If yes please complete the following)
Chapter leader? □	l Chapter Supporter? (suppor	ts leader) ☐ Sick person requiring support? ☐
_	about MOHAP? Poster □ Adve	
☐ One-to-one ☐ Individual p	e of the following services available pastoral counselling rayer time with a pastor blease see James 5: 3-15)	ole for those who are sick?
•	13 □ 13-17□ 18- 25□ 25-3 ntend to travel? By Car □ Pub	
Hospitality – Ple	ase bring your own packed lunch	and refreshments
	1 3	closing date, the 15 th January 2014 via : MOHAP, PO Box 6894, Basingstoke, RG24 4SR
Info: ww	w.mohap.org Queries: moha	orayer@ymail.com or Tel: 07407 692 256
Please note: <u>No</u>	payment is required for this ret	reat; however a freewill offering will be collected and its service to you. www.mohap.org