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 **Ministers Retreat Application**

**“Emmanuel Retreat “**

*The Emmanuel Retreat is designed for the purpose of providing qualified FMC Members with the opportunity to have a place where they can go to receive Spiritual Enrichment.*

*In this apartment, our members can devote themselves to a time of fasting and prayer and seeking the presence of the Lord and His guidance.*

*It can also be a place of refreshment for singles as well as for married couples in ministry, in order to renew their strength and seek the Lord.*

*Our Presbyters will make themselves available to provide a listening ear and advise, when needed and available.*

*Every qualified FMC member may apply for a free 3 nights stay in the Emmanuel Retreat Apartment.*

*If a longer stay is desired a charge of $ 65.00 USD per additional night will apply.*

***\*\*\* There is a maximum stay of 5 nights per visit \*\*\****

***Be advised that children cannot be accommodated in this apartment.***

**Please fill out the following questionnaire in order to process your request**

First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_

Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_ Are you an active FMC Member \_\_\_\_\_\_\_\_\_\_ (membership must be current)

Date joined FMC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Licensed Ordained**

Reason for desiring a stay:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How many days: \_\_\_\_\_\_\_\_\_\_\_\_

Dates desired for your visit:

Day in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day out \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrival Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would your spouse be with you? \_\_\_\_\_\_\_\_

Name of Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is he/she an FMC Member YES 🞐 NO 🞐

If Yes, What credentials does he/she hold? **Licensed Ordained**

I understand that children cannot be accommodated in this apartment: YES 🞐 NO 🞐

Would you like to receive spiritual advice or personal ministry by one of our Presbyters during your stay? YES 🞐 NO 🞐

Is there something we could be praying about, prior to your visit?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other Comments or request

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*Please return to the CFN FMC office via* *fmc@cfni.org**, fax: 877-240-1538 or*

*By mail: CFN FMC, 3404 Conway St. Dallas, TX 75224*