



# HOLDEN VILLAGE

HC 0 Stop 2  
Chelan, WA 98816-9769

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www.holdenvillage.org

## PARTNERS IN MINISTRY APPLICATION

<b>Name</b>	(First) (Middle Initial) (Last)			<b>Birth Date</b>	M/D/Y Age	<b>M / F</b>
<b>Permanent Address</b>						
<b>City</b>		<b>State</b>		<b>Zip</b>		
<b>Phone</b>	<b>Daytime</b>	( )	<b>Evening</b>	( )		
<b>Email</b>						
<b>Proposed Arrival Date</b>		<b>Proposed Departure Date</b>				
<ul style="list-style-type: none"> <li>Please describe your current ministry or occupation.</li> <li>How did you hear about the Holden Village Partners in Ministry Program?</li> <li>Will your spouse/partner be joining you? Children? (Children are welcome at the regular rate). Please include names, etc.</li> <li>Do you have any special needs? (such as, dietary needs/food allergies, medical conditions requiring wheelchair access van, first floor room, crib, etc.)</li> </ul>						
<b>Optional:</b>	<b>Ethnicity</b>	<b>Church Affiliation</b>				

Please feel free to contact us with any questions. [programming@holdenvillage.org](mailto:programming@holdenvillage.org)  
[registrar@holdenvillage.org](mailto:registrar@holdenvillage.org)

<b>FOR OFFICE USE ONLY</b> <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Pastor	<input type="checkbox"/> Directors <input type="checkbox"/> Registrar	Rec'd	Reg ID #
		Confirmed	Amt \$