



A P P L I C A T I O N

For Office Use Only: Appointment Date _____ Appointment Time _____
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Date of Application _____

Name: _____

Street Address/P.O. Box _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Male _____ Female _____ Age _____

Church Attending _____

Have you ever received ministry from Heritage Church Sozo Team? Yes _____ No _____

If yes, approximate date? _____

Why do you want to receive SOZO ministry? _____

Have you ever received any other ministry from Heritage? Yes _____ No _____

If yes, with whom, and date of last ministry? _____

Who referred you to Sozo ministry? _____

Are you in a small group/discipleship group at Heritage? Yes _____ No _____

If yes, whose group are you in? _____

If you are not in a small group or discipleship, we strongly recommend that you get plugged into one. We recommend that you share your Sozo experience with someone that you trust, but that you do not consider your "best friend". This person will be able to pray with you and help hold you accountable.

Will you commit to pray and fast for the week before your Sozo session? Yes _____ No _____

Ask the Lord what He wants you to fast. There are many different types of fasts: food, sweets, TV, media, etc.

Please return this Sozo application and the signed Liability Release form to:

Attn: Sozo Ministry
Heritage Church
P.O. Box 307
Moultrie, GA 31776

As soon as your paperwork is received, we will contact you to schedule an appointment. Thank you.