

**PASTOR AND SPOUSE RESOURCE APPLICATION**  
**Pastor Renewal Retreat with Ed Stetzer—May 30-June 1, 2018**



Note: Applicant must be actively serving in pastoral ministry. Resources will cover Pastor Renewal Retreat, meals and 2 nights' lodging for pastor & spouse. A materials fee of \$20 per person (\$40 per couple) is required.

**Note: Resource assistance will not be considered unless entire application is completed. Please print.**

Pastor Name: Mr.  Mrs.  Ms.  \_\_\_\_\_ Spouse Name: Mr.  Mrs.  \_\_\_\_\_  
(As you wish it to appear on name tag) (Include only if spouse will attend event with you. Spouse is encouraged to attend all sessions.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Area Code HOME Area Code CELL Area Code WORK

E-mail Address (Required): \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Pastor \_\_\_\_\_ Spouse \_\_\_\_\_

Please tell us how you heard about this event: \_\_\_\_\_

Payment of materials fee (\$20 per person/\$40 per couple) is due 30 days from the date the application is received by The Cove. Failure to provide payment will void this application. If application is received less than 30 days prior to the event, you will be contacted regarding payment upon approval of your application.

**RESOURCE ASSISTANCE ELIGIBILITY REQUIREMENTS** (Assistance awards limited to a maximum of 2 per year, per person.)

- Are you currently serving in pastoral ministry?  Yes  No
- Please indicate your current ministry role/title:  Senior Pastor  Associate Pastor  Assistant Pastor  Youth Pastor  
 Executive/Administrative Pastor  Senior Adult Pastor  Children's Pastor  Women's Ministry Pastor  Music/Arts Pastor  
 Church/ministry name: \_\_\_\_\_
- Church/ministry location (city/state): \_\_\_\_\_

**LODGING REQUEST** (Lodging assistance limited to those living outside of Buncombe & Henderson counties.)

**LODGING**  I have off-property lodging arrangements.  
**PREFERENCE:**  On-property reservations:\*  Inn Room  Wheelchair Accessible Inn Room\* (\*Subject to availability.)

Please complete the following information if staying in one of our inns with roommates.  
 (Note: All roommates must register at the same time. A spouse is not considered a roommate for purposes of this application.)

ROOMMATE #1: \_\_\_\_\_ Phone: \_\_\_\_\_

ROOMMATE #2: \_\_\_\_\_ Phone: \_\_\_\_\_

APPLICANT'S SIGNATURE (Required)

DATE

Please complete *both pages* of this form and return to:

**Billy Graham Training Center at The Cove**  
**Attn: Reservations Department**  
**P.O. Box 19223**  
**Asheville, N.C. 28815**  
**Fax: 828-299-0276 // E-mail: CoveReservations@TheCove.org**

*Questions?*  
 Call 800-950-2092 or  
 828-298-2092

**OFFICE USE ONLY**

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

