

PASTOR AND SPOUSE RESOURCE APPLICATION
Pastor Renewal Retreat with Chip Ingram—September 16-18, 2019



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 \$25 per person (\$50 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 (\$25 per person/\$50 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 828-771-4800
 or 828-298-2092

OFFICE USE ONLY

Authorized Signature: _____

Date: _____

