

# ELKANAH SCHOOL OF MUSIC MINISTRY

## Student Enrolment Form

Course Dates      Orama Christian Community, Sept 18th – Oct 2nd 2004

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Numbers:      Work: \_\_\_\_\_ Home: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Nationality: \_\_\_\_\_

Marital Status (circle):      Single      Married      Divorced      Separated

Spouse's name: \_\_\_\_\_

(if appropriate) \_\_\_\_\_

Children: \_\_\_\_\_

(names and ages) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Occupation \_\_\_\_\_ Since when: \_\_\_\_\_

Other work experience (& \_\_\_\_\_

dates) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Church you attend \_\_\_\_\_ Since when: \_\_\_\_\_

Your Pastor's name \_\_\_\_\_ Contact phone: \_\_\_\_\_

Postal Address of Church \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you involved in the music ministry of your church in any capacity?      YES / NO

---

List ALL your experience in praise, worship and music (eg. learning an instrument, interest in songwriting, church worship team, songleading, performance opportunities, etc):

---

---

List your aspirations (what you desire to do) in praise, worship and music:

---

Do you hold any Educational, Trade or Professional qualifications:

YES / NO

---

Have you attended any part-time or full-time training courses (include any worship seminars you may have attended):

---

List any instruments you play in order of preference. (Include approx skill level: Beginner, Intermediate, or Advanced):

---

This 14 day School is quite diverse in its topics. Please TICK the areas you are most interested in:

|                           |                          |                        |                          |               |                          |
|---------------------------|--------------------------|------------------------|--------------------------|---------------|--------------------------|
| Biblical aspects          | <input type="checkbox"/> | Leading Worship        | <input type="checkbox"/> | Songwriting   | <input type="checkbox"/> |
| Recording                 | <input type="checkbox"/> | Performance            | <input type="checkbox"/> | Discipleship  | <input type="checkbox"/> |
| Spiritual Warfare         | <input type="checkbox"/> | Prophecy               | <input type="checkbox"/> | Copyright     | <input type="checkbox"/> |
| Children's music ministry | <input type="checkbox"/> | Running a worship team | <input type="checkbox"/> | Evangelism    | <input type="checkbox"/> |
| Running a ministry        | <input type="checkbox"/> | Song of the Lord       | <input type="checkbox"/> | Sound systems | <input type="checkbox"/> |
| Guitar                    | <input type="checkbox"/> | Keyboards              | <input type="checkbox"/> | Vocals        | <input type="checkbox"/> |
| Other (list)              |                          |                        |                          |               |                          |

---

What are your main reasons for wanting to attend this course:

---

Any other comments:

---

Do you have any medical problems:

---

|   |                          |
|---|--------------------------|
| Letter of recommendation from my Pastor is enclosed | <input type="checkbox"/> |
| A recent photograph is enclosed                     | <input type="checkbox"/> |
| \$50 Registration Fee enclosed                      | <input type="checkbox"/> |
| A cassette tape is enclosed (optional)              | <input type="checkbox"/> |
| Additional material enclosed (specify):             |                          |

---

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

Note: This application is confidential and will be prayed over. There are a maximum of 42 places on the School so the more you can offer in support of your application, the better. The \$50 deposit does not come off the \$695 School Fee (due on Day 1) and is non-refundable if you change your mind before the course begins. However, those whose application is unsuccessful will receive a full refund.

**DEADLINE FOR APPLICATIONS IS 4 WEEKS PRIOR TO THE SCHOOL**  
**MAIL TO: ELKANAH MUSIC, 37 GERONTIUS LANE, SNELLS BEACH 1241, NZ**  
**FURTHER ENQUIRIES: Ph: 09-425-5620, Fax: 09-425-4238**  
**Email: [elkanah@clear.net.nz](mailto:elkanah@clear.net.nz), Website: [www.elkanah.org.nz](http://www.elkanah.org.nz)**