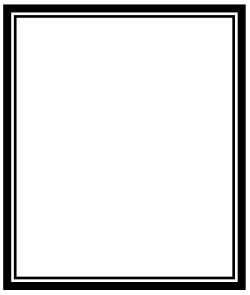
Covenant School of Worship, Hyderabad
Application form for
Worship and Music Training



Name: _____, Gender: ____, Age:_____, Date of Birth: Day, Month, Year.

Marital Status:_____, Mobile no. | | | | | | | | | | Baptized: Y/N [Date:.../.../.....]

Education:_____, Parents/Guardian no: | | | | | | | | | | |

Music knowledge? _____, E-mail: _____

ADDRESS:

House no:_____, Area:_____, Other:_____,

City:_____, District:_____, State:_____,

Pin code: _____, Country:_____

CHURCH Info:

Church Name: _____

Pastor's Name:_____, Pastor's Phone no.:_____

Place: _____

Your role in the church: _____

INSTRUMENT OF YOUR CHOICE:

KEYBOARD ☐

GUITAR ☐

MEDIUM OF LEARNING:

ENGLISH ☐

TELUGU ☐

OTHER ☐

How did you hear about this training? _____

Share a bit about your desire to join in CSoW: _____

_____

_____

_____

As you are joining, is there any medical condition we should know about you? E.g., allergies, sickness, drugs etc.

_____

Fees for the training paid through: _____ *[Non-refundable]*

Training Dates: _____ to _____ Batch No: _____

DISCLAIMER:

I will abide by this policy and hereby declare that all of the information I have given here is correct. I am confident that this is God's will. If accepted, I undertake to submit to the requirements and discipline of the School and at all time to conduct myself as one called by God to represent Him in the world.

Signature:_____ Date & Time:_____

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www.covenantworshipschool.com