



HEALING      FREEDOM      DISCIPLESHIP  
*Be Free to live the life God has planned for you*

**Cleansing Stream Ministries**  
**FACILITATOR REGISTRATION FORM**  
(Please Print)

Today's date:					
FACILITATOR INFORMATION					
Facilitator's first name:	Initial:	Surname:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	
Street address:		Home phone no: (    )			
P.O. Box:	City:	State:	Post Code:		
Fax no: (    )	Mobile phone no.:	Email address:			
Which mailing list do you prefer (please check one box):	<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Phone	<input type="checkbox"/> None
Would you be interested in billeting visitors to the state retreats:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
How many times have you facilitated a group:	Date you last attended a CSM Retreat: ___/___/___				

CHURCH INFORMATION					
Name of Church You Attend:		Pastors Name:		Denomination:	
Street Address:		Suburb:	State:	Post Code:	
P.O Box address:	Email address:		Church phone no:	Church fax no:	
Church web address:					

ADMINISTRATION					
Have you attended a CSM facilitator training seminar:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: ___/___/___	Location:
Are you available for further training with CSM:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Conducting the Cleansing Stream Seminar (CSS):</b> I agree to conduct the Cleansing Stream Seminar as outlined in the Cleansing Stream Leader's Manual. Further, I will ensure the five (CSS) session will be presented using the CSM teaching videos. I will ensure that I will use and make available the full curriculum of workbooks, audio tape/cd teachings and reading books for seminar participants.					
_____ Facilitators full name and signature			_____ Pastor (Witness)		