



If you would like to **register** for one of our workshops, please complete the attached Confidential Application, or fill out an application online at **[www.lifechangesalem.com](http://www.lifechangesalem.com)**.

Once your application is received and reviewed, **we will email you** about the status of your application. Please check your SPAM or junk folder if you have not received a reply within a week.

After being accepted into the workshop, payment is due to reserve your spot. Please return this application by the Monday before a workshop begins. Acceptance is dependent on availability. Applications are not accepted the day of a workshop.

### **What is it?**

Life Change is a 1.5 day **intensive workshop** devoted to bringing inner healing, lasting breakthrough and understanding of your true identity. You will be provided with tools to help you walk out freedom in your daily life.

### **What do I need to know?**

- **The workshop fee is \$100.00 per person.** This cost covers the expenses to facilitate a workshop, and includes a Participant Handbook.
- **Schedule - Friday:** Please arrive at **2:00pm.** *The workshop cannot begin until all participants have arrived.*  
**Saturday:** Begins at **8:30am.**  
Each night ends at about **11pm**, which can vary with each workshop.
- **We have scheduled lunch and dinner breaks.** You can bring your own food or purchase meals elsewhere. Light snacks and dinner on Saturday are provided.
- **Participants must be able to attend the entire workshop.**
- **Participants provide their own housing.** If you are traveling from out of town we strongly recommend making arrangements to stay in Salem for the entire workshop, and leaving on Sunday after service. We can provide you a list of local hotels.

### **How can I prepare myself for this workshop?**

We encourage you to spend time leading up to the workshop seeking the Lord for His will to be accomplished during your Life Change workshop. This can be done with prayer, fasting, and meditating on His word.

We also encourage you to find a group of close friends, family, and/or mentors to be praying for you during the days leading up to and during the workshop.

We look forward to receiving your application for this *life changing* weekend!

Sincerely,

**Kit Casebier**  
Life Change Director  
**[info@lifechangesalem.com](mailto:info@lifechangesalem.com)**  
503-362-0362

**[www.lifechangesalem.com](http://www.lifechangesalem.com)**  
A ministry of Life Church

**TEAR OFF AND KEEP THIS PAGE AS A REMINDER.**

# Life Change Confidential Application

Please Print Clearly

## OFFICE USE ONLY

Date App Rcvd: \_\_\_\_\_

Reg Fee Rcvd: \_\_\_\_\_

Check #: \_\_\_\_\_

Cash: \_\_\_\_\_

Credit: \_\_\_\_\_

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

Applying for workshop date of: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Male  Female Birth Date: \_\_\_\_\_  Married  Single  Divorced

Are you under the care of a physician at this time? Yes  No  If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking prescribed medication? Yes  No  If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been under the care of a psychiatrist/psychologist within the last 6 months? Yes  No

Do you have any special needs or physical disabilities we should be aware of (including food allergies)?

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Life Change? \_\_\_\_\_

In what areas of your life do you want to see change? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the family that you grew up with (parents & siblings): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My happiest memory as a child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My happiest memory as an adult/teen: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My most painful memory as a child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My most painful memory as an adult/teen: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At the time of this application, what level of connection do you feel with God on a scale from **1 to 10**?  
(*1 is disconnected, 5 would be some connection and 10 is very connected*)

1 2 3 4 5 6 7 8 9 10

Describe why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your hopes and/or dreams for the future?

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**In order to be accepted into this workshop, I agree to the following:**

\_\_\_\_\_ I understand the workshop starts at 4pm on Friday and goes all day Saturday.  
(Initial) I agree to attend the entire workshop, except in the case of an emergency.

**Workshop Fee**

**The registration fee is \$100.00**, if you would like to pay with a debit or credit card, please call the office and we will assist you. **Make checks payable to:** Life Church **In memo:** Life Change

Please check the box if the following applies to you:

- I am a Life Church Ministry Leader/ Team Member/Life School Student  
(*We will contact you about a reduced fee.*)
- Yes, I need some assistance with the registration fee.  
*\*Please keep in mind that limited assistance is available and full scholarships are not offered.*

Briefly describe why you are requesting financial assistance:

\_\_\_\_\_  
\_\_\_\_\_

**Return this application by mail, fax, or email to:**

Life Church  
Attn. Life Change  
P.O. Box 5350  
Salem, OR 97304

**Fax:** 503-200-1062  
**Email:** registration@lifechangesalem.com  
**Phone:** 503-362-0362

**Life Change Director:** Kit Casebier  
**Life Change Administrator:** Sara McNinch