

**APPLICATION FORM  
ESL TRAINING SEMINAR  
HEBRON BAPTIST CHURCH  
202 HEBRON CHURCH ROAD  
DACULA, GA 30019  
June 9, 2008**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_

Does your church have an ESL Ministry? (y/n) \_\_\_\_\_

Is your church considering starting this ministry? (y/n) \_\_\_\_\_

With what ministries are you involved in your church?

\_\_\_\_\_

Please enclose:

1. A check for \$35.00 made payable to Hebron Baptist Church
2. This completed form

Mail to:

Hebron Baptist Church  
PO Box 279  
Dacula, Ga 30019  
Attn: ESL Training

For questions, contact Mary Ann McHale at 770.962.3671 or  
mmchale@hebronchurch.org