

THE MOUNT ZION INSTITUTE OF CHRISTIAN DRAMA (MZI)

Habitation of Faith
Mount Zion Training & Retreat Centre
Agbara-nla, Reinhard Bonnke Road. Ile-Ife.

Registration Form

Session

Form no:

PLEASE FILL THIS FORM ACCURATELY

Submit your completed forms with: two (2) other passport photographs and photocopies of your credentials

PERSONAL DATA

SURNAME			
OTHER NAMES			
CONTACT ADDRESS			
POSTAL ADDRESS			
E-MAIL ADDRESS			
DATE OF BIRTH			
TELEPHONE		MOBILE	
SIGNATURE		DATE	

Afix your resent passport photograph
& write your name on the reverse

SPIRITUAL DATA

NAME OF CHURCH			
ADDRESS OF CHURCH			
ARE YOU ALREADY IN A DRAMA MINISTRY?	Yes	No	
NAME & ADDRESS OF YOUR MINISTRY			
WHY ARE YOU INTERESTED IN THIS COURSE?			

OCCUPATIONAL DATA

NAME & ADDRESS OF YOUR SCHOOL/PLACE OF WORK			
QUALIFICATIONS			

ATTESTATION

I _____ hereby promise to strictly adhere to the rules and regulations of the institution.
I hereby promise to be well behaved to the institution and be focused in my course study throughout the program.

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