**Baltimore-Washington Conference**

**ENROLLMENT FORM: LICENSE TO PREACH SCHOOL 2018**

FULL NAME: DATE OF BIRTH:

 First M.I. Last

PREFERRED NAME FOR NAMETAG:

ADDRESS:

CITY, STATE, ZIP:

TELEPHONE: (Cell) (Alternative #)

E-MAIL:

ALLERGIES/SPECIAL NEEDS: **IMPORTANT: Include ALL food allergies & dietary restrictions:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EDUCATION:** □ High School Year completed:

□ College: Name & City & State

□ Degree(s) Awarded:

(Please list all degrees earned)

□ Hours Completed

□ Seminary: Name & City & State

 (**not** Course of Study) □ Graduated □ Enrolled now

 Degree & Graduation Date Expected graduation date

**CANDIDACY:** You must be a **Certified Candidate** in order become a Licensed Local Pastor

□ I was Certified by the District on **OR**

□ I expect to be Certified by the District on

**CHURCH STATUS**:

Annual Conference:

Are you appointed to a church now? □ Yes □No *(If yes, please check one)* Full time □ Part time □

Name of church & District

Where you serve as pastor or are a member if not serving a church at this time.

**DISTRICT SUPERINTENDENT SIGNATURE:**

I affirm that (name of attendee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is

**□ a certified candidate in the District, and/or**

**□ authorized by me to attend the BWC License to Preach School 2018.**

Name: Phone Number:

E-mail: District

 Signature (required) Date

Dates of **License to Preach School 2018:** **Thursday evening, April 5 – Friday evening, April 13**

Manidokan Camp & Retreat Center, 1600 Harpers Ferry Road, Knoxville, Maryland 21758

301-834-7244

**Mandatory Preaching Practicum**: **Saturday morning, May 19**

Conference Mission Center, 11711 East Market Place, Fulton, MD 20759, (240) 581-9543

**SCHOOL ENROLLMENT REQUIREMENT:** I understand that I must attend and actively participate in all sessions, including the preaching practicum. I understand that my attendance at the school must be approved by my District Superintendent. (see reverse of this form/second page for DS signature)

**STUDENT SIGNATURE: Signature Date**

The cost of the 2018 License to Preach School is $850.00. Checks may be made payable to the “BWC Treasurer” and submitted by mail, along with the completed and signed form, to the following address:

Rev. John W. Nupp, Director

Center for Clergy Excellence

11711 East Market Place

Fulton, MD 20759