

APPLICATION FOR LEADING CONTEMPLATIVE GATHERINGS

Mail to: Oasis Ministries, 419 Deerfield Road, Camp Hill, PA 17011 E-mail: oasismin@oasismin.org

Name _____ Day ph _____ Eve ph _____
Street _____ City _____ State _____ Zip _____
E-mail: _____ Religious affiliation _____

Application Fee:

My check for \$150. is enclosed—payable to Oasis Ministries: Marked LCG

Visa/MasterCharge/Discover: Card # _____

Exp. date ____ 3-digit security # on back ____

Request CEU Certificate (Continuing Ed Units pending approval by your professional group)

*Mail this application with your check or credit card information. Or call 717-737-8222 to make payment over the phone.

***Complete this application and attach a short statement** (app. one page, single-spaced) **answering:**

1. What draws you to participate in this program? Describe a setting where you might lead an event.
2. How does contemplative experience matter in your life right now?
3. Describe briefly person(s), reading(s) or experience(s) that have shaped you spiritually.
4. Include name, address, phone # and e-mail of a person who will companion and support you during this program, and ask her/him to write a brief statement about how LCG is a fit for you (e-mail above).