



Application for Group Candidacy Orientation Retreat

Name: _____ Date: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Date of Birth: _____

Email: _____

Home Church: _____

Date Joined: _____

Home Church Pastor: _____

Special Dietary Needs: _____

INUMC seeks to meet the Americans with Disabilities Act (ADA) standards for accommodations of those attending our continuing education classes and events. If you need special accommodation, please contact Luska Natali at MinisterialServices@inumc.org.