

REQUEST FOR APPLICATION PACKAGE

“Journeying with New Members”

A Course for the Formation of Formators

NAME OF CONGREGATION: _____

NAME OF CONGREGATIONAL LEADER: _____

POSTAL ADDRESS: _____

_____ POST CODE _____

TELEPHONE NO: _____ FAX NO: _____

NUMBER OF PROPOSED APPLICATIONS: _____

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Please return this form as soon as possible to:

The Co-Directors  
Marymount Mercy Centre  
P O Box 307  
CASTLE HILL NSW 1765  
Fax. No. 02 9651 1424

Email: [mmountch@pacific.net.au](mailto:mmountch@pacific.net.au)