



2020 EPIPHANY APPLICATION

P.O Box 7030 Indianapolis, IN 46207
Toll Free: (800) 274-1883 Fax: (317) 635-6534
Email: mdefields@churchextensionfmr.org



Congregation Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Ethnicity (~%): ___ C ___ AF-A ___ H ___ AS-A ___ O

Our Church's Governing Body has voted to request the Epiphany service. We agree to pay the fee of **\$5,650.00* plus reasonable costs for the contractors' (3 trips total) travel and maintenance (avg. \$2,550 total)** for this service. A nonrefundable deposit of \$1,000 must accompany this application; the remainder to be invoiced after the assessment. We understand we will also receive an invoice for travel expenses after each visit. Payment will be due 30 days upon receipt.

***If Assessment is delivered after November 30, 2020, this service will be subject to 2021 pricing (price to be determined).**

Authorized Signature: _____ Date: _____

Setting up the Assessment

Assessments run from 3:00-9:00PM on a weekday. ***Date must be at least 4 weeks from the date of application.*** (Please give a few different weekdays when church leaders would be available to attend)

We would like to request the Assessment be done one of these weekdays: _____

Setting up Experience I Retreat (Leadership Training)

Experience I happens on a Saturday and Sunday.

We would like to request Experience I occur one of these weekends (please give 2-3 possible Sat/Sun dates at least 6 weeks after assessment): _____

Setting up Experience II (Future Story Retreat)

Experience II happens on a Friday/Saturday.

We would like to request Experience II occur one of these weekends (please give 2-3 possible Fri/Sat dates 6 weeks to 3 months after Experience I): _____

Coaching

We understand that coaching **must** be initiated (Coaching Request Form sent in) by the Pastor and commenced (1st session) **within two months*** of Experience II.

***If not initiated and commenced within this timeframe, the coaching opportunity will be forfeited. If coaching is desired at a later date, one-year of coaching is available for an additional fee.**



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Clergy information

Name: _____ Position at Church: _____

Email: _____ Phone Number: _____

Who will be your congregation's primary contact person regarding this service?

Name: _____ Position at Church: _____

Email: _____ Phone Number: _____

Treasurer information

Name: _____ Email: _____

Mid-Level Judicatory Partner (regional/area/conference minister, Presbytery Leader, etc.)

Judicatory Name: _____

Judicatory Leader's Name: _____

Judicatory Leader's Contact Info:

Phone: _____

Email: _____