



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 Friday/Saturday.

We would like to request Experience I occur one of these weekends (please give 2-3 possible Fri/Sat 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: _____