

# BREATHE Ministries Registration Form

If facing difficulties during the completion of this form, please speak to a BREATHE representative near you.  
 You may also register online at: <http://www.breathintl.org>

Are you 18 years old or over? <input type="checkbox"/> Yes <input type="checkbox"/> No				This space is for office use only		
If you checked 'No' to the question, do not complete the form.						
1	(Circle One) Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle One) Jr Sr II III IV	
2	City	State	Zip Code	Country		
3	Date of birth  <div style="text-align: center;">             _____ / _____ / _____              Month      Day      Year           </div>		4	Phone Number		
5	Email Address			<input type="checkbox"/> Please send me information by email about future BREATHE opportunities.		

## PLEASE TELL US A LITTLE MORE ABOUT YOURSELF (OPTIONAL)

Please fill out any questions that apply to you.

1.)	Are you currently a full time Christian performing artist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.)	What is the highest performing arts training you've received?	
3.)	Are you a born-again Christian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.)	School most recently attended:	
5.)	What are the BREATHE ministries that you want to be involved with? (check all that apply)	
	Preference 1: <input type="checkbox"/> Music <input type="checkbox"/> Dance <input type="checkbox"/> Drama <input type="checkbox"/> Media	
	Preference 2: <input type="checkbox"/> Music <input type="checkbox"/> Dance <input type="checkbox"/> Drama <input type="checkbox"/> Media	
	Preference 3: <input type="checkbox"/> Music <input type="checkbox"/> Dance <input type="checkbox"/> Drama <input type="checkbox"/> Media	
	Preference 4: <input type="checkbox"/> Music <input type="checkbox"/> Dance <input type="checkbox"/> Drama <input type="checkbox"/> Media	
6.)	What is your ethnic background?	
	<input type="checkbox"/> Asian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Other	
8.)	I am most interested in (check all that apply):	
	<input type="checkbox"/> Public Performances and Exposure	
	<input type="checkbox"/> Ministering to Christians	
	<input type="checkbox"/> Skill training	

Privacy Notice: The above disclosure is voluntary. All information will be used strictly for registering purposes.