**TRUE WORSHIPPERS BIBLE CHURCH**

**TAMPA FL**

DELIVERANCE PROGRAM LETTER OF ACCEPTANCE

Dear Sir/Madam: We hereby accept your registration for the next deliverance program on the last Friday, Saturday and Sunday of the month at 7402 N 56th Street #501/503, Tampa FL 33612. Please sign below with the full awareness of the following rules and regulation of the Deliverance Program in order to secure a place.

**HOURS**

\* Day 1 – Friday: 10:00 am: Registration and form filling; 12noon -2pm, 6pm-11pm, 12:30am2:30am

\* Day 2 – Saturday: 6:00 am – 8:00am, (Command the morning), 10a.m-12noon, 2p.m-4p.m, 8p.m-11p.m, 12.30a.m-2a.m challenging the powers of the night.

\* Day 3 – Sunday 8:00 am – 1:30 am Anointing Oil Service/Closing/Break – fasting

**ATTENDANCE**

\* Punctuality is highly required for every event of the deliverance program.

\* Participants from Tampa areas must attend four consecutive Sunday services following the deliverance program.

\* Three (3) day dry fasting (NO FOOD, NO DRINKS, NO WATER, NO CHEWING GUM) commencing with the last meal on Thursday night until the end of the Deliverance Program on Sunday: Month \_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_.

**RULES & REGULATIONS**

\* No earring or jewelry for both men and women, including body piercings.

\* No finger or toe nail polish, lipstick or any make-up.

\* All women must have the hair covered.

\* No hair attachment: weave, braids etc. or hair coloring.

\* Women must not wear pants/jeans/trousers.

\* Bring a Bible, notebook and a pen/pencil for notes. I agree to observe all the rules and regulations of the deliverance program. I agree to indemnify True Worshippers Bible Church Tampa, Florida for any injury, mishap or accident suffered during the program.

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print your full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_