



Sozo Application Form

Name

Address

Contact Tel

Email

Church

How did you hear about Sozo?

Have you had Bethel Sozo ministry previously? If so, when/ where?

Why do you want to have a Sozo?

Will you be able to set aside time to fast/ seek God prior to your Sozo?

Any times/ dates you cannot do?

Please tick if you are DID or SRA

Please return to your local Sozo Ministry Team