



CHARLOTTE SPIRITUALITY CENTER



APPLICATION
Spiritual Formation Program

Name: _____

Address: _____

Phone: _____

Email: _____

Name of your denomination affiliation or faith tradition:

Tell us a little about yourself and what you are seeking at this time:

Please submit this application with a \$50 non-refundable deposit to:

Linda Serepca, Director
Charlotte Spirituality Center
6650 Park South Drive #8
Charlotte, NC 28210

Tuition balance is due on the first day of class.
We look forward to sharing the journey with you!
THANK YOU!