



Creative Arts Testimonies

We want to hear about how you've experienced God during this school. If you would like to share your testimony, please initial any line that applies. Please sign and date this form, and submit it to the resource room or great room.

Name (please print) _____

Email Address _____ Phone (optional) _____

CITY/NATION YOU COME FROM _____

_____ Bethel may share my testimony in any way including the Internet and television.

_____ I grant permission to Bethel to include my name in my testimony.

_____ Bethel may contact me to find out more information about my testimony.

Please Check the 'art medium' which best describes/ fits your testimony:

_____ Painting/Drawing _____ Drama _____ Dance _____ Music/ Song _____ Writing
_____ Fashion _____ Nature _____ Culinary Art _____ Other _____

Please Check All That Apply to Your Testimony: (Please specify) Where this happened: Booths/workshop/etc _____

_____ Physical Healing _____ Inner Healing _____ Personal Breakthrough _____ Supernatural Encounter

Please write a brief summary of your testimony here. Include any detail that describes how the arts were a part of your testimony:

Signature _____ Date _____