

# New York Ministry Network Training Academy



**Edwin Hazard Training Coordinator** 

## **Application for Saber**

Name:			
Address:			
City:	State:	Zip:	Phone: ( )
Date of Birth:	Grade comple	eted at time o	f application:
E-Mail Address:		@	
Church:			Outpost #:
Saber Requirements			
•		-	angers, and Be at least 14 years of completed before the applicant's
1. Check each box below to vo	erify that all NYM	IN Saber req	uirements have been fulfilled.
Complete all requiren a copy of your applica	•		rail of the Saber award. Provide certificate.
Attend and complete t	the NYMN JLC (J	Junior Leade	ers Camp)
Be at least 14 years of	age and a gradua	te of the 9th	grade.
Complete a minimun the application or a co			ver Award provide a copy of
As Outpost Coordinator I ap and church, to be consider to	-		in good standing with the outpost
<b>Outpost Coordinator</b>			
Name:			Date:



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**Edwin Hazard Training Coordinator** 



## **Saber Inscription**

Please print your name	as you want it to appear inscribed	on your saber:	
Please indicate if you has saber, otherwise one wi		e that you would like inscribed on your	
Book	Chapter	Verse(s)	

You will be notified of your acceptance to the New York Ministry Network Saber Corp. within 30 days of receipt of this application. The Saber Committee will convene sometime during this period to review your qualifications. After such time, you may be requested to provide additional information or even appear for a personal interview, if the committee deems necessary. Upon approval to the Saber Corp. an award presentation ceremony will be scheduled to be held at the next Ministry Network event or sooner, if such a calendar event is not within a 90 day period.

#### **Send Application to:**

Commander Brian Miller 19 E. Locust Street, Central Islip, NY 11722

Questions: Contact Commander Miller (631) 234 -3756 or <a href="mailto:rngrnutz@optonline.net">rngrnutz@optonline.net</a>