



Pastor's Recommendation Form
Strategic Life Training

Date: _____

Your Name: _____

Email Address: _____

Church Name: _____

Student's Name: _____

1. How long have you known the student?
2. Can you briefly describe the history of your relationship with them?
3. Have they shared with you their desire and reasons for wanting to go through *Strategic Life Training*?
4. Do you have any concerns or reason to believe this person would not be a good candidate for this course? If yes, please explain.
5. Do you recommend them to participate as a student in *Strategic Life Training*?
If no, please explain.

Signature _____

If you have any questions, concerns, or other comments, please email or call us at: SLTAdministrator@strategiclifetraining.com , or (800) 700-0605. For more information on the course, please visit our website at: www.strategiclifetraining.com .

Thank You!

SLT Administrator
Strategic Life Training