

REGISTRATION FORM

Full Name:

Address:

Emergency Contact:

Church:

Email:

No.	Full Name	Age (in 2019)	Sex (M/F)	Relationship to Person 1	Conference Fee	Dietary Requirements	Medical Requirements
1				N/A			
2							
3							
4							
5							
6							

Total Fees:

30% Deposit (to be paid at registration):

Balance (to be paid by 30 October 2022):

REGISTRANT

Signature:

Date:

CHURCH REPRESENTATIVE

By signing the below, I acknowledge that I am registering the above person/s to attend conference and that I have received the 30% deposit for the person/s above

Name:

Signature:

Date: