Delegates Registration Form

10 Week Course - Tuesdays, 7pm – 9.30pm Spring Term 2014 – 28th January to 8th April 2014

For group allocation please circle appropriate: MALE / FEMALE

Payment/r'cvd by						
Cash						
Cheque						
Card						

A. Personal	Informa	tion									Card						
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Phone number	Day	Daytime: Evening:															
E-mail _																	
Do you attend (KT						ite Ch					Anoth	ier		
If KTLCC Satellite / Another Church please give us the name(Church's Name)																	
B. Cell Information																	
Cell Leader's Na																	
Cell Leader's Ph		ber															
Primary / G12 L																	
Have you been o			kend/E	ncoun	ter?				Yes	/	/	,			—— [0		
Will you commit to attend all 10 sessions of the Living Free Course? ☐ Yes ☐ No																	
C. Payment Information (please tick the appropriate box)																	
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OPTION 3 – LI	VING FR	•								RM 2 D	ISCC	DUN	T PA	YME	NT		
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