



Delegates Registration Form 20 Week Course - Tuesdays, 7pm – 9.00pm

Payment/r'cvd by	
Cash	
Cheque	
Card	

Term 1 <input type="checkbox"/>	Term 2 <input type="checkbox"/>	1st May – 10th July 2012
Term 1 <input type="checkbox"/>	Term 2 <input type="checkbox"/>	25th September – 4th December 2012

A. Personal Information

Name Title: _____ First: _____ Last (Surname) _____

Address _____

Postcode _____

Phone number Daytime: _____ Evening: _____

E-mail _____

Church Attending KT KTLCC Satellite Church _____
(Church Name)

B. Cell Information

Cell Leader's Name _____

Cell Leader's Phone Number _____

Primary / G12 Leader's Name _____

C. Leadership Training School Information (please tick relevant boxes)

Have you completed the Living Free Course? Yes ___ / ___ / ___ No

Have you attended a Freedom Weekend/Encounter? Yes ___ / ___ / ___ No

Have you completed Mastering Leadership – Term 1? Yes ___ / ___ / ___ No

D. Payment Information

Payment Type:	<input type="checkbox"/> Cash	<input type="checkbox"/> Card (Debit/Credit)	<input type="checkbox"/> Cheque
Amount Paid:	<input type="checkbox"/> £40 (cost per term)	<input type="checkbox"/> Term 1	<input type="checkbox"/> Term 2
	<input type="checkbox"/> £70	<input type="checkbox"/> Term 1 & Term 2 (Discount one-off Payment)	
	<input type="checkbox"/> £30 (cost per term)	OAP / Student / Single Parent / Unemployed (Proof Required)	

E. Card Payment Authorisation (PLEASE NOTE AMEX CARD NOT ACCEPTED)

Type of Card:	<input type="checkbox"/> MasterCard/VISA	<input type="checkbox"/> Switch	<input type="checkbox"/> Other																
Your Name on your Card:																			
Card Number:																			
Security No.				<i>3 digit number at the back of your card</i>															
Issue Number:				Valid From:					Expiry Date:										
Amount:	£																		
Signature:													Date:		/		/		