



Registration Form
 10x Tuesdays (10th Sep – 19th Nov) 7-9PM
 +1 Saturday (tbc) 10-3PM

Payment received by	
Cash	
Cheque	
Card	

A. Personal Information

In accordance with the General Data Protection Regulations, please tick the box to indicate your authorization that we could use your details to send you periodical information of our training and teaching events.

Yes, I agree

Name Title: _____ First: _____ Last _____

Address _____
 _____ Postcode _____

Phone no _____ **E-mail** _____

Church KT KTLCC Satellite Church Another

If KTLCC /Another Church please give us the name _____
(Church's Name)

B. Small Group Preference *(please name 2-3 other people attending course that you'd like to be grouped with)*

Person 1 _____

Person 2 _____

Person 3 _____

C. Payment Information <i>(please tick the appropriate box)</i>		
Payment Type:	<input type="checkbox"/> Cash	<input type="checkbox"/> Card (Debit/Credit) <input type="checkbox"/> Cheque
STANDARD PAYMENT		
Amount Paid:	<input type="checkbox"/> £40.00	<input type="checkbox"/> £25.00 <i>OAP/Student /Single Parent /Unemployed (Proof Required)</i>

The fees include all the materials needed for the course.

D. Card Payment Authorisation <i>(PLEASE NOTE AMEX CARD NOT ACCEPTED)</i>												
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:	/	/	/	