



Full Gospel Church of God, South Africa
Community Service Chaplaincy Training
Registration Form

*Please complete and return by e-mail or regular mail.
Please note that the name and title you give here will be printed on your badge and the participants' Certificate.*

Date: _____

Venue: _____, SOUTH AFRICA

1. Participants information

Title: Rev. Dr. Past. Other: _____ Mr. Ms. Mrs.

First name: _____

Surname Name: _____

ID number: _____

Organisation/Church: _____

Address: _____

City: _____ Post Code: _____

Country: _____

Telephone: _____

Mobile Phone: _____ E-mail: _____

2. Seminar Fee

Bank cheques should be made payable to: The Full Gospel Church of God Southern Africa.
Total fees enclosed: R 500** *Please state the **Training name** and the **full name of the participant** on the reverse of the cheque. Payments should be made in **South African Rand (ZAR)**.*

EFT details: Full Gospel Church of God General Cheque Account nr 600169599 Reference: CSC+Your Name and Surname.

Please make sure your payment is made by 8 November 2019.

3. Declaration

By sending in this registration form I acknowledge that I commit myself to the immediate payment of the full applicable training fee. I have taken notice of the cancellation terms and conditions on this form. I also give permission may a criminal background check be done.

DATE: ____ / ____ / _____

Signature: _____