

EVANGELISM TRAINING SCHOOL

REGISTRATION FORM

Name/s: _____

Postal address: _____

_____ Post Code: _____ Date: _____

Contact Numbers Tel: () _____ Mob: _____

Email: _____

Have you had evangelism or ministry training: Tick []Yes []No

If yes: _____

Has God to use you before?: Tick []Yes []No

Please Hand-in to Host Pastor's or Leader's at the Host Church or Venue Address below. Thank you

Hand-in to Host Pastor's/Leader's: _____

Host Church or Venue: _____

Host leader's Telephone Numbers: () _____ Mob: _____

Key Speaker: Gary Hetherington

Others may also contribute: _____

