

# 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: \_\_\_\_\_

\_\_\_\_\_

