

PROPHETIC TRAINING SCHOOL

REGISTRATION FORM



Name/s: _____

Postal Address: _____

_____ Postcode: _____


Telephone Numbers: _____

Email: _____

Your Church Name: _____

Your Pastor's Name: _____

Your Pastor's Phone Numbers: _____

 Please Hand-In this Registration Form to the Host Pastors or the Leaders
At the Host Church or Venue. Thank you!

The Host Pastor's or Leader's Name/s: _____

The Host Pastor's or Leader's Contact Numbers: _____

The Host Church or Venue Address: _____

PTS Dates and Times: _____

Other Information: _____

Key Speaker: Gary Hetherington - Revival Ministries

For more information:

Email: revivalministries@live.com.au