

## **Registration Form**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Home address: \_\_\_\_\_

Denominational background: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of spouse/martial status: \_\_\_\_\_

Next of kin (contact in case of emergency), name and phone number: \_\_\_\_\_

\_\_\_\_\_

Father's name, age, hometown: \_\_\_\_\_

Mother's name, age, hometown: \_\_\_\_\_

How I became born-again: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am the pastor of the following church(es): \_\_\_\_\_

\_\_\_\_\_

Any other information you would like to share: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_