

Gathering Registration Form

Gathering Location: (Province) _____

First Name: _____ Last Name: _____

Age: (Circle one) 65+ 45-64 27-44 18-26 13-17

Spouse First Name: _____ Spouse Last Name: _____

Age: (Circle one) 65+ 45-64 27-44 18-26 13-17

Name and Ages of Children to Register: _____

Address: _____

City: _____ Prov: _____ PC: _____

Email: _____ Telephone: (_____) _____

Hearing God

0 I/We have prayed and with all sincerity believe the Lord is asking me/us to attend the gathering

Sowing in obedience

0 I/We have prayed and feel to sow \$ _____

Please Check One

___ as a one time seed for registration OR

___ from _____ to _____ as a monthly seed towards registration

I am sowing by ___ Cash ___ Cheque _____ (chq #) ___ or credit card (fill in below)

Credit card payment (Visa or Master Card only)

Name exactly as it appears on card: _____

Card Type (circle one) : VISA MC

Number : _____ - _____ - _____ Expiry Date: ____/____

Please enter exactly as it appears on your Credit Card Statement

Full Name: _____

Address: _____

City: _____ Prov: _____ PC: _____