

LEGACY

MEN'S EVENTS 2018

PROMISE KEEPERS REGISTRATION FORM

One form per registration. Please print clearly.

ID No (from your mailing label if available): _ | _ | _ | _ | _ | _

First Name: _____ Surname: _____

Address: _____

Suburb: _____

City/Town: _____ Postcode: _____

Phone Wk: () _____ Phone Hm: () _____

Mobile: _____

Email: _____

Full name of church attended (if any): _____

If you are on our mailing list please provide your previous address if this has changed within the last 12 months:

Address: _____

PLEASE REGISTER ME FOR:

- Christchurch 3-4 August
 Wellington 17-18 August
 Auckland 31 August - 1 September

NB: If attending as part of a Group please provide Group/Leader names.

Group Name: _____

Group Leader's Name: _____

Event Fee: (see schedule / dates)

Reg. Disc: Super Early Regular

Reg. Type: Individual Group

Reg. Rate: Adult School student

Pastor Tertiary student \$ _____

My gift to help other men go to this Event: \$ _____

Total: \$ _____

I AM PAYING BY:

Cheque Visa Mastercard

Name on Card: _____

Card No: _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _

Expiry Date: _ | _ Signature: _____

Send form to:

PO Box 163083, Lynfield, Auckland 1443