

REGISTRATION FOR CHANGE AGENTS '07

*Please fax this form and your proof of payment to Jean MacCallum at 086 695 5002,
or email it to jean@changeagents.co.za*

No registration will be processed without proof of payment.

Registrations close on 3rd Aug.

First Name: _____ Surname: _____		
Gender: _____	Age: _____	
Telephone: (_____) _____	Cell: _____	
Email Address: _____		Fax: (_____) _____
Name of your Church/Organisation: _____		
Area/Town: _____		
Ministry Position: _____		
(Tick one on each line) Full-time _____ Part-time _____ Volunteer _____		
Years of experience: 0-1 _____ 2-3 _____ 4-7 _____ 7+ _____		
I work with: Children (ages 3-12) _____ Youth (ages 13-18) _____ Young Adults (ages 18+) _____		
In case of emergency, please contact:		
Person: _____		Tel: (_____) _____
Cell: _____		
Allergies/Medical conditions: _____		
Please circle your booking:		
Early (Up to 9 th July)	Late (From 10 th July – 3 rd Aug)	
Thursday – Sunday:	R445	R470
Friday (supper) – Sunday:	R360	R390
Other (specify): _____		
Amount paid: R _____		Payment Method: _____
I, _____, hereby release the Change Agents leadership team and YFC Cyara from liability for any injury, accident, illness, or property loss that may occur as a result of my participation in Change Agents 2007.		
Signature _____		Date _____

Bank Details

Bank: ABSA

Branch Code: 632905

Account Type: Cheque

Account No: 4068363385

Account Name: Change Agents 2007