

Prayer Conference Group Registration Form

AWAKENING 2017 May 5 - 7

Please email this form back to sqcprayerministries@adventist.org.au when you have completed it.
If you have any enquiries please email at sqcprayerministries@adventist.org.au or call Susan on 32187777
Please note that the Group discount applies to groups of 5 or more

Please Register each person individually when you are doing a Group Booking

Given Name:	
Surname:	
Address:	
Street Number & Name:	
Suburb:	
State:	
Postcode:	
Phone:	
Mobile:	
Work Phone:	
Age:	
Church you attend:	
Email:	
Male or Female:	Please Circle: M or F
Special Dietary Requirements:	

Accommodation:

Friday night:	Choose: YES or NO
Type:	
6 Bed Ensuted Unit	Select: <input type="checkbox"/>
4 Bed Unit	Select: <input type="checkbox"/>
I am bringing my own Caravan	Select: <input type="checkbox"/>
I would like to share with:	
Are they members of your family?	Choose: YES or NO
Special Room Requests:	

GROUP BOOKING INVOICE CHURCH

Select: Name of Church

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Please note \$75 per person for Group Booking