

Surname		
First	First	
Email	Email	
DOB <i>(optional)</i>	DOB <i>(optional)</i>	
Friday / Sunday Service	Friday / Sunday Service	
Tele Mobile	Tele Mobile	
Tele Home		
Location <i>(e.g. Salwa)</i>		
Child 1	DOB	Sunday School Yes / No
Child 2	DOB	Sunday School Yes / No
Child 3	DOB	Sunday School Yes / No
Child 4	DOB	Sunday School Yes / No
I am interested in: <input type="checkbox"/> Intercessory Prayers / Reading Lessons <input type="checkbox"/> Music. Choir / Instrumental <input type="checkbox"/> Bible Study / Small Groups <input type="checkbox"/> Hospitality <input type="checkbox"/> Children's Activities <input type="checkbox"/> Other		

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