



RADIOKANSEL KAMP RADIO PULPIT CAMP

BELANGRIK: U SAL ALLEENLIK VIR HIERDIE KAMP GEREGISTREER WEES, INDIEN U DIE REGISTRASIEVORM VOLTOOI HET EN TERUGGESTUUR HET VIR MY AANDAG. BEVESTIG ASB SELF OF U REGISTRASIEVORM EN BETALING ONTVANG IS.

IMPORTANT: YOU WILL ONLY BE REGISTERED FOR THIS CAMP AFTER YOU COMPLETED THE REGISTRATIONS FORM AND SEND IT BACK FOR MY ATTENTION. PLEASE CONFIRM IF YOUR REGISTRATION FORM AND PAYMENT HAS BEEN RECEIVED.

Titel Title:	Noemname Nickname:
Van Surname:	Ouderdom Age:
Beroep Occupation:	

Merk asb met 'n x - Is jy Afrikaanssprekend? / Mark with a X - Are you English speaking?

Afr Eng If you marked eng, please indicate if you can you understand Afr : Yes No
Divorced: Single: Widow: Widower: Married:

Posbus P O Box:	Kode Code:
Tel (h):	Tel (w):
Sel nr Cel nr:	Faks nr Fax nr:
E-pos E-mail:	

Spesiale versoeke/Special requests (diabetes, etc) _____

Wat is u verwagting vir hierdie kamp / What are you're expectations for this camp:

Handtekening / Signature

Datum / Date