

**REGISTRATION FORM**

SINGLE OCCUPANCY

DOUBLE OCCUPANCY

TRIPLE OCCUPANCY

FIRST GUEST IN THE ROOM

NAME:

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(Mr. Mrs. Ms. Rev. Dr.)

AGE RANGE:  UNDER 20  20-35  36-55  OVER 55

ADDRESS:

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TEL. NO: \_\_\_\_\_ / \_\_\_\_\_  
  CELL  HOME

EMAIL: \_\_\_\_\_

CHURCH: \_\_\_\_\_

SPECIAL NEEDS: (Medical needs or Physical challenges)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NO. OF HEALING CONFERENCES ATTENDED \_\_\_\_\_

TRANSPORTATION REQUIRED:

- KGN TO MOBAY ONLY
- MOBAY TO KGN ONLY
- ROUND TRIP

SECOND GUEST IN THE ROOM

NAME:

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(Mr. Mrs. Ms. Rev. Dr.)

AGE RANGE:  UNDER 20  20-35  36-55  OVER 55

ADDRESS:

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TEL. NO: \_\_\_\_\_ / \_\_\_\_\_  
  CELL  HOME

EMAIL: \_\_\_\_\_

CHURCH: \_\_\_\_\_

SPECIAL NEEDS: (Medical needs or Physical challenges)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NO. OF HEALING CONFERENCES ATTENDED \_\_\_\_\_

TRANSPORTATION REQUIRED:

- KGN TO MOBAY ONLY
- MOBAY TO KGN ONLY
- ROUND TRIP

THIRD GUEST IN THE ROOM

NAME:

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(Mr. Mrs. Ms. Rev. Dr.)

AGE RANGE:  UNDER 20  20-35  36-55  OVER 55

ADDRESS:

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TEL. NO: \_\_\_\_\_ / \_\_\_\_\_  
  CELL  HOME

EMAIL: \_\_\_\_\_

CHURCH: \_\_\_\_\_

SPECIAL NEEDS: (Medical needs or Physical challenges)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NO. OF HEALING CONFERENCES ATTENDED \_\_\_\_\_

TRANSPORTATION REQUIRED:

- KGN TO MOBAY ONLY
- MOBAY TO KGN ONLY
- ROUND TRIP