



APPLICATION FORM

PERSONAL INFORMATION:

First Name: _____

Last Name: _____

Gender (please circle): M OR F

Age: _____

Street: _____

City: _____

Prov/State: _____

Postal code/Zip: _____

Tel: _____ Cell: _____

Email: _____

EMERGENCY CONTACT:

For notification in the event of an emergency

Full Name:

Relationship:

Contact Tel No:

REFERENCE INFORMATION:

Name of Pastor/Youth Pastor:

Contact Tel No:

Contact Email:

START DATE OPTIONS:

Sunday - Friday (MM/DD/YY)

Week 1/...../.....

Week 2/...../.....

Week 3/...../.....

PAYMENT:

Full payment due upon application. Total due \$99 CAD

Please circle one of the following options:

Visa/Visa Debit/Mastercard/AMEX/Cheque (to be enclosed and made payable to Torchbearers Capernwray Canada)

Credit Card Number:

_____/_____/_____/_____ Name on Card: _____ Expiry ____/____

COMMENTS (medical or dietary needs, buddy request etc):
