



2nd Gulf Catholic Charismatic Renewal CONFERENCE

Holy Family Cathedral, Safat, Kuwait

Sunday, 6th - Tuesday, 8th November, 2011

Registration No. _____



REGISTRATION FORM (FOR KUWAIT PARTICIPANTS)

Through Coordinator:		Parish	
Name:	Mr.		
Name:	Mrs.		
Address			
Email		Mobile No.	
Home Tel.		Office Tel	Mobile No.

Children who will attend: (above 6 yrs) Do you need Child Care?

Name:		Date of Birth:	
Name:		Date of Birth:	

Children who may attend below 6 yrs (for free)

Name:		Date of Birth:	
Name:		Date of Birth:	

Registration Fee

Adult KD 15 Child over 6 yrs KD 7 Couple only KD 25 Spouse & Children KD 40

Meal Options: Veg Non-Veg Transport to Venue

Medical History: Blood Pressure Diabetics Others (Pls. Specify) _____

Language Understanding: English Others (Pls. Specify) _____

Arabic Malayalam Konkani Tagalog Tamil Sinhalese

Signature: _____ (Applicant) Paid KD _____ Date: _____



ACKNOWLEDGEMENT OF REGISTRATION FORM & FEE

Registration No:

Received from:	Registration Fee	Amount	For	
		KD.	Adults	Children

Incharge Registration _____ Name _____ Signature _____ Date: _____