

IMPACT TRAINING UNIT APPLICATION FORM (Make copies for each individual who wish to attend the course. These forms need to be completed and returned to us).

Name and Surname

Male of Female? (Use a ✓ mark) Male Female

Address

Postal Code

Tel No Cell No

Email or Fax No (or both)

Name of Impact Unit being applied for (ITU1 or ITU2)

Have you paid your deposit of R50 per person?

(Account detail: Elim Ministries, ABSA Bank, Branch Code: 632005, Acc. No. 9105186386. Please state your surname and the code ITU1 or ITU2).

Any specific but reasonable requests with regards to food?

Any comments, questions or suggestions may be posted here:

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**Application Forms may be emailed (elim@elim.co.za) , faxed (0865613204), or posted to
Elim Ministries, 40 Risi Road,
Fish Hoek, 7975.**