

**LEVEL 1 / LEADERSHIP TRAINING**

**16-17 MARCH 2019 HILL CREST AND RIVERSIDE CAPE TOWN**

**Surname : ………………………………………………………..**

**Names : ………………………………………………………..**

**Church : ………………………………………………………..**

**Church Elder : ……………………… Cell Number ………………**

**Church Elder email: …………………………….………………………….**

**REGISTRATION FEE – R100.00**

**BANKING DETAILS**

Bank : FNB BANK

Account Name : Cape Conference of Women’s Ministries

Account Number : 627 560 98391

Reference : Western Region WM Level 1 TRN

**ATTACHED: PROOF OF PAYMENT TO REGISTRATION FORM and scan / email to and please call after emailing:**

**sinangamva.makeleni@gmail.com / fesix@cc.adventist.org**

**Phone: Nomthandazo Papu: 082 339 3338 / Xolie 064 570 3291 /**

**Nokutula Masiba 079 073 7884**

**(041) 5081600 (w)**