

**LEVEL 1 TRAINING**

**HILL CREST SCHOOL, CAPE TOWN**

**30 MARCH 2019**

**Surname : ………………………………………………………..**

**Names : ………………………………………………………..**

**Church : ………………………………………………………..**

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

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

**REGISTRATION FEE – R100.00**

**BANKING DETAILS**

Bank : ABSA BANK

Account Name : Cape Conference OF Seventh-day Adventist

Account Number : 9287202901

Reference : Western Region CHM Level 1 TRN

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

**hlanganisa@mhg.co.za / fesix@cc.adventist.org**

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

**083 247 6470**

 **(041) 5081600 (w)**