

## PROMISE KEEPERS PARTNERSHIP CHURCHES SIGN-UP FORM

CHURCH DETAILS:	PK ID# (if known)
Church Name:	Pastor's Name:
Postal Address:	
Phone:	Email:
GROUP LEADER:	PK ID# (if known)
Name:	
Address:	
Phone:	Mobile:
Email:	
two free registrations (Group* of 15 or r	ree registration to INFLUENCE 2016 Men's Event (Group* of 7-14) or more) and will supply name(s) when available.  *Group may include Pastors, Students and Transition.  WELLINGTON 16-17 September AUCKLAND 7-8 October
If possible, please advise Youth Pastor's det	ails so we can provide information relevant to young men:
YOUTH PASTOR:	PK ID# (if known)
Name:	
Address:	
Phone:	Mobile:
Email:	
I would like a Promise Keepers represer experience - to look at how the Event confideration of the men in my church.	ntative to contact me to chat about leveraging the PK Event an really build ongoing growth and transformation in the lives
I confirm that our church leadership is	supportive of this Promise Keepers Event.
Name: Si	gnature: Date:
Office use: Sent certificate On webs	te ☐ Rego 1 ☐ Event DVDs ☐ Reserved seating ☐ Rego 2