



Registration Form

Personal Details Mr Mrs Miss Ms Ps Rev Dr

Family Name: _____ First Name: _____

Mailing Address: _____ City/Suburb: _____ State: _____

P/code: _____

Mobile: _____ Email: _____

Home Church: _____

Church Involvement: _____

Photo/Video Release – Please read fully. By ticking the box below you are providing your consent.

I give permission for any photos or videos taken of me while registered at the CRC NSW/ACT Conference to be used in promotional material for other CRC activities in the future.

Photo Release I consent I Do Not Consent

Payment & information

Adult Conference Admission \$150

Under 18 yrs Admission \$75

Payment Details Visa MasterCard Cheque (payable to Community Church Hornsby)

Card Number: ____ | ____ | ____ | ____ Expiry Date: __ | __ Total: \$ _____

Name on Card: _____

Signature: _____

Direct Deposit – Please attach evidence of transfer.

BSB N°: 112-879 Acct N°: 431083135 (St George Bank)

Print this form and mail to: Community Church Hornsby, PO Box 487 Hornsby, NSW, 1630

Please contact our office as soon as possible if you would like to make any changes to your registration.

We look forward to having you with us at the CRC 2018 State Conference!

Date: 25-27 April 2018

Location: CCH Ministry Centre, Unit 4, 67-71 Jersey Street, Hornsby