



**ICCRS INTERCESSION TRAINING COURSE - REGISTRATION FORM
AVE MARIA PASTORAL CENTRE BOTSWANA**

NAME _____

SURNAME _____

AGE CATEGORY (tick) 21 - 30years 31 - 40 years 41 - 50 years 51 & above

GENDER male female LAY RELIGIOUS

NAME OF PRAYER GROUP _____

MINISTRY MEMBERSHIP _____

INTERCESSORY MINISTRY MEMBER (tick) YES NO

ANY SPECIAL NEEDS (dietary) _____

(physical) _____

PLACE OF ORIGIN (country) _____

(town/village) _____

ADDRESS _____

TEL(_____) _____ FAX (_____) _____

CELL(_____) _____ EMAIL _____

MODE OF TRAVELLING _____

I Enclose:

- Proof of payment of the registration fee of **US\$500** to participate.
- A letter of recommendation from my National Service Team/ Leader of my community/ Parish Priest/ Spiritual Director

Please send your completed registration form and payment to:

**Catholic Charismatic Renewal - Botswana
P. O. Box 777
Gaborone, Botswana**

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Closing date for registration - 15th October 2017