

Registration Form for Acorn Canada Christian Listening Courses



For which course are you applying? _____

Course Date (if known) _____

Name _____

Address _____

Name for Badge _____

Phone # Home: _____ Work: _____

Email _____

Church _____

Special Requirements: _____

Background and experience

Faith Journey: _____

Relevant experience to Christian Listening training:

Other Acorn Canada Christian Listening Courses completed:

Importance of Listening date course taken _____

Just Listen date course taken _____

Learning to Listen date course taken _____

Called to Listen date course taken _____

Time to Listen date course taken _____

Why do you want to take this course? _____

Applicant

I understand that this is a multi-part course and that, to be of value, it requires that I attend all components.
I agree to participate for the duration of the course unless physically unable to do so.
I also accept to pay the course fee.

Signed _____

Date _____

Please complete carefully and legibly

When completed, please return to:

Acorn Canada
c/o 8 Hobbs Avenue
Ottawa, ON
K2H 6W9

Payments by cheque to "Acorn Canada"