



EMPOWERING KINGDOM GENERATIONS Registration Form

Name: _____ DOB: _____
Last Name First Name

Address: _____

City/State/Zip: _____

Telephone: (_____) _____ Cell: (_____) _____

Email: _____

Church Affiliation: _____

In order to attend EKG you must commit to mentoring one person to teach them to walk in Kingdom maturity. Your mentee will be able to attend four (4) of the sessions with you. The days they can attend will be discussed at the first session. The information requested below is for the person you plan to mentor.

Name: _____ DOB: _____
Last Name First Name

Address: _____

City/State/Zip: _____

Telephone: (_____) _____ Cell: (_____) _____

Email: _____

Church Affiliation: _____

For office use only:

PAYMENT STATUS (Total Amount Required: \$100.00)		
Amount Paid:	Date Paid	Payment Type (cash, check)
\$	/ /	