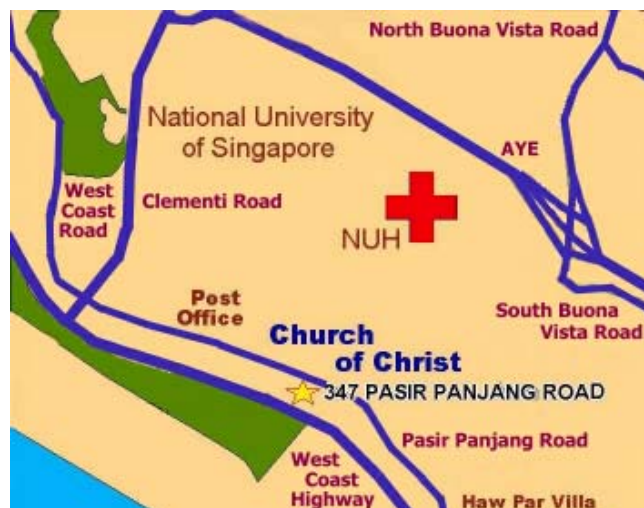




*Please FAX this to:*

SIBI  
Church of Christ  
at  
+65 67765278





# Registration Form

Course Title:

\_\_\_\_\_

\_\_\_\_\_

Commencement Date: \_\_\_\_\_

Name: \_\_\_\_\_

Gender:  Male       Female

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: (For Singapore Address) \_\_\_\_\_

Contact Number:

Home \_\_\_\_\_

H/P \_\_\_\_\_

Office \_\_\_\_\_

Email: \_\_\_\_\_

Church: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

