



Capernwray Quebec Taste and See



Bible School & Conference Centre

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Term of Interest: _____

Which week would you like to join us?: _____

PERSONAL INFORMATION

Last Name First Name

Birthdate: _____ / _____ / _____ Nationality: _____
Day Month Year

Street: _____

City: _____ Prov: _____ Postal Code: _____

Country: _____ Gender: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Person to notify in case of emergency: _____

Phone: (_____) _____

Relationship: _____

Your Profession or Training: _____

If a student, please indicate course / subjects: _____

Do you have any allergies (food or medicinal): _____

Have you been convicted of a crime requiring jail term? If so, please specify: _____

Are you interested in another Bible school or college for this period of study? If yes, please specify. _____

How were you influenced to consider Capernwray Quebec? _____

Signature: _____

Date: _____