REGISTRATION FORM

Name: _____ Age: _____

Address: _____

Town: _____ Postcode: _____

Email: _____

Phone: _____

Dietary needs: _____

ELECTIVE SELECTION

Circle **one** elective **per session** which you will attend

	Session 1 **11:05 - 12:05**	**Session 2** **1:15 - 2:15**	**Session 3** **2:45 - 3:45**
BEGINNING LEADERS	Bridging the Gap 1	Bridging the Gap 2	Building the Bridge
YOUNG ADULTS	Running 'Child Safe' Programs	Christian Meditation	Spiritual Warfare: A Lutheran Approach
ADULTS	Capturing the Experience	Mentoring	The spiritual formation of adolescents
ALL AGES	Progressing Disciples	Byte-Sized Change	Being your B.E.S.T
	Getting the Team to Gel	Recruiting Parents for Ministry at Home	Congregational Teams

PAYMENT INFORMATION

Payment to be made **before** the day by either:

Cheque Cheques to be made out to **Lutheran Youth of Victoria** and returned with this form

Direct Deposit

Acc No: 10151004
BSB: 063109
Acc Name: Lutheran Youth of Victoria
Descripton: EMP2 [*Surname*] [*Familyname*] (eg EMP2SmithMary)

Return completed registrations (and attached cheque) to:
Robyn Kuchel, 25 Mary-Anne Court, Lovely Banks, Victoria, 3221