

ENROLLMENT FORM

I wish to make my self / my child as a Young Partner with Jesus and receive His Divine Blessing, Wisdom and protection

I hereby like to enroll myself / my child in this plan.

Young Partners Plan (£ 100*)

(*or equivalent in Euros)

Name of the Young Partner _____
(please fill in block letters)

Date of Birth _____

Parent's / Guardian's name _____
(please fill in capital letter)

Address _____

City _____ State _____

Country _____ Zip Code _____

Mobile _____ Email _____

Prayer Points:

- 1.....
- 2.....
- 3.....

For Further Information Please Contact:

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