

**International Tamil Christian Convention**  
**June 19<sup>th</sup> to 21<sup>st</sup> 2020**  
**REGISTRATION FORM—INTERNATIONAL PARTICIPANTS ONLY**

Surname (Family Name): \_\_\_\_\_

First Name: Gender: Date of Birth: \_\_\_\_\_

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

Number, Street: \_\_\_\_\_

City, State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Church Membership :

Conference: Union: Division:

\_\_\_\_\_  
\_\_\_\_\_

Do you have food allergies?

No      Yes

If yes, please specify: \_\_\_\_\_

Do you need Handicap Access?

No      Yes

**\$200 Deadline: April 15<sup>th</sup> 2020**

Travel Insurance is required for every participant. No application will be processed without the participant acquiring travel insurance.

**Check to indicate the following:**

I have made arrangements to purchase travel insurance through my division.

**METHOD OF PAYMENT**

Please circle one of these three options:

1. Bank cheque made to Impact San Antonio (Cheque number: \_\_\_\_\_)

2. Money order made to Impact San Antonio (Order number: \_\_\_\_\_)

3. Credit Card

Credit Card Number: \_\_\_\_\_

Name on the Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Three-digit Security Code: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_