ADVANCED KAIROS TRAINING REGISTRATION FORM

After contacting the AKT Contact Person, all attendees must complete and mail to Contact Person; please include a check made out to "Kairos of (hosting state)", i.e. state where training is held.
DO NOT SEND THIS APPLICATION TO THE NATIONAL OFFICE.

CIRCLE APPROPRIATE MINISTRY: **Inside** **Outside** **Torch**

Training location /date: _____

ATTENDEE INFORMATION:
NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONES: _____ _____ _____
Home Work Cell

EMAIL: _____

EXPERIENCE – Circle one: Inside Outside Torch

Location(s) _____
Date(s) _____

REASON FOR ATTENDING:

1. ____ Upcoming Leader -- State _____ AC name _____
   Weekend #_____ (**if a #1, you must have previously contacted Bill Rushing (Men's Inside), Jo Chapman (Women's Inside & Outside), or Kevin Resnover (Torch)**
   Date _____ (should be no more than 24 months from this training date)
2. ____ Advisory Council Member – Name of AC _____ / State ____
3. ____ Observing Leader – State _____ AC name _____
4. ____ Other _____

COSTS: _____ Check sent: _____ Check to be sent: _____ I will bring with me ___

LODGING: _____ Commuter: _____ Single Room: _____ Double Room: _____

SPECIAL NEEDS: (Dietary and/or Sleeping Arrangements):

_____

_____

FLIGHT ARRIVAL & DEPARTURE INFORMATION (when applicable)

_____

_____