DLS 1 & 2 REGISTRATION FORM

Name: _____

Email: _____ Contact No: _____

Gender: Male / Female D.O. B (dd/mm/yyyy): _____ Age: _____

Home Address: _____

Post Code: _____ State: _____ Country: _____

Occupation: _____ Church: _____

Have you received Jesus as your Lord and Savior? YES / NO Can you speak in tongues? YES / NO

If you had attended DLS before please state your Level? _____

Did you graduate? YES / NO If YES which year? Year: _____