

REGISTRATION FORM

SN _____

Course : **Formation Programme for Educators
in Catholic Schools 2010**

Name : _____

Address: _____

Contact: _____(O)_____ (H/P)

Email : _____

Name of School: _____

Role in School : _____

I would like to pay by CASH / CHEQUE no: _____

for the amount \$ _____ being contribution for the course.

Signature : _____ Date : _____

Cheque payable to: Archdiocesan Commission for Catholic Schools

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For Office Use:

Receipt No: _____ Date: _____

Remarks:

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