

**Archdiocesan Commission for Catholic Schools**

2 Highland Road, #02-01 CAEC, Singapore 549102

Tel: 6858 7080 Fax: 6858 3005

Email: accs@catholic.org.sg

**Registration  
School Chaplaincy Team**

Name:

Name of School/Church/Community:

Role in School/Church/Community:

Email Address:

Tel @ School/Church/Community:

Hand-Phone:

I would like to make the following contribution for the course.

Cash / Cheque No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

(Please issue cheque payable to “Archdiocesan Commission for Catholic Schools”)

Signature:

Date:

**For office use:**

Receipt No:

Date:

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