

CAYMAN ISLANDS REGIONAL MISSION COUNCIL

ELDERS' TRAINING 2016

**PROSPECT YOUTH CENTRE
REGISTRATION FORM**

NAME _____

STREET ADDRESS _____

MAILING ADDRESS _____

TEL: CONTACT
HOME _____ **WORK** _____ **MOBILE** _____

EMAIL _____

OCCUPATION _____

CONGREGATION _____

POSITION: Please indicate

Already Commissioned as Elder

Nominated/ Elected as Elder

Interested in serving as Elder

Brief Statement of Faith

APPLICANT'S SIGNATURE _____

MINISTER'S NAME _____

MINISTER'S SIGNATURE _____