

Please use ONE form per person. Photocopies accepted. Please write clearly in BLOCK LETTERS.

personal data

Name _____

Please underline surname

Male

Female

New I/C no. _____

Address _____

Postcode _____

State _____

Tel (Office) _____ (Home) _____

Fax _____ Mobile _____

E-mail _____

Church _____

Accommodation required at St. Michael & All Angels Church Yes No

< please select only **ONE** choice for each session >

AFTERNOON SESSION

- Dance Improvisation
- Creative Dance Choreography
- Street Dance

NIGHT SESSION

- Prophetic Worship Dance
- Prayer Intercession Dance
- Hip Hop & Funk

CDFM member No. _____ Expire _____

Enclosed: Cheque MO PO

Bank _____ no. _____

Fee - 3 full days RM

Fee - Night only RM

Bank Commission RM

Others RM

TOTAL RM

choice of workshop

payment details

FOR OFFICIAL USE ONLY

Date received _____ Ref No. _____

Remarks _____

