



# PROTEA COMMUNITY 2025

## FORM FOR APPLICANT TO COMPLETE

Encounter #3	3, 5, 10, 12 April 2025
Venue	New Harvest Christian Fellowship
Post Encounter Gathering	17 May 2025 – New Harvest Christian Fellowship

Name & Surname:

Street Address:

Post Code:

Cell no: ..... 2<sup>nd</sup> nr: ..... Ethnic Group: .....

Male/Female: ..... Age: ..... Marital Status: ..... B-day DD/MM/YY: .....

E-mail address: .....

Please specify any **special conditions** that might affect your participation: **health, disability, medication and special diet:** .....

Your Church's name, Denomination: .....

State briefly your involvement in your local Church: .....

State briefly **why you wish to attend** the event and **what you expect** from it: .....

What musical instrument (if any) do you play? .....

**\*While you are on the weekend it may be necessary to contact your family or a close friend.**

**Please give us the name, and phone number of close family member or friend:**

(1) ..... Cell: .....

2<sup>nd</sup> nr: ..... E-Mail: .....

SPONSOR DETAIL: .....

Cell: ..... E-Mail: .....

**To be completed by the Applicant's Minister/Pastor**

Minister's Name: ..... Cell: ..... E-mail: .....

I am aware of the commitment required to support this Application to attend the Encounter:

Signed: ..... Date: .....

This completed Form must be sent to The Registrar: **Evol Goodall Tel: 082 890 6080 and E-mail: registrar@protea.emsa.org.za** together with a **Deposit of R300**. The **Balance of R300** may be paid off in monthly instalments but must be **settled on the Monday before the Encounter**.

**TOTAL COST PER PILGRIM = R600**

### **BANKING DETAILS:**

Protea Emmaus **STANDARD BANK** – Northgate (Branch code: **001106**)

**Account Number:** 20-240-679-2. **Deposit Reference:** Initial and surname followed by the Encounter number #2: e.g. **A Smith E#3**

For further information please contact :Lyn Dixon T: 083 302 0401 or Email: lyn@airgro.co.za

### **FOR OFFICE USE**

Paid Cash / EFT: ..... Amount received: R..... Date received: .....

Received by: Name .....

### **POPI Act:**

As per the POPI Act 4 of 2013 (Protection of Personal Information) we require your permission to send you Community information and other Communications. Our Newsletter is not compulsory but would benefit you as it contains information about Emmaus events and prayer requests.

Emmaus declares that your information will not be distributed or used outside the Emmaus Ministries environment.

Hereby, I agree, that my information as registered can be used by Emmaus Ministries for the purpose of Emmaus Communication and use.

Name & Surname: ..... Signature: .....

Date: .....