



# Youthalpha Course

## Course Registration Form (Church/School/Organization)

Please use this form to register your youthalpha Course if it is not done. Register your course is free of charge. This will enable us to list your course details on the Alpha website & eNews to publicise your course\*. Your information will be given to anyone looking for a local Alpha Course. Furthermore, we will keep close contact with you, supporting your course with prayers and resources.

\* For church, you will enjoy a 10% discount for Alpha resources after registered your course. If you do not wish your course details being disclosed, please check this box . (Your data will be for our internal use only. We will keep it strictly confidential.)

### Church/School/Organization Details

Name of Church/School/Organization: \_\_\_\_\_

Denomination: \_\_\_\_\_

Senior Pastor/Principal/Leader: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

### Course Details

Date of Introductory Dinner/ Celebration Dinner:	
Date of your Course (DD/MM/YY) : _____ to _____	
Weekly: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Time:	_____ to _____ a.m. / p.m.
Target / Age Group:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Students
Venue:	_____
Which Stream:	<input type="checkbox"/> Alpha-Active <input type="checkbox"/> Alpha-Lite <input type="checkbox"/> Alpha-Tech <input type="checkbox"/> Combined
Speaker's Name:	_____
Number of People:	The Team: _____ Guests: _____
Date of Alpha Weekend :	_____ To _____ ( <input type="checkbox"/> Alpha Day <input type="checkbox"/> Overnight)
	Place: _____
Any prayer concerns?	_____

### Course Administrator / Contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Daytime) \_\_\_\_\_

(Mobile for internal use only) \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please send this form to Alpha Course Hong Kong:

Unit 1003, 10/F, Kodak House II, 39 Healthy Street East, North Point, Hong Kong

Tel: (852) 2869-1066 Fax: (852) 2869-1313 Email: [hkalpha@alpha.org.hk](mailto:hkalpha@alpha.org.hk)

