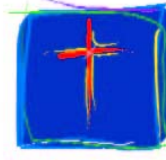


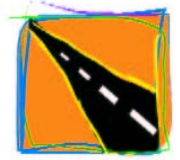
SUMMARY OF RETREAT PARTICIPANTS NAMES.



HEALING



FREEDOM



DISCIPLESHIP

Be free to live the life God has planned for you

RETREAT LOCATION: _____

RETREAT DATE: _____

Name Of Church: _____

Facilitators Title and Name _____

Facilitators Address _____

Suburb & Post Code _____

Contact Phone # _____

Retreat Attendees Information Please Print First name and Surname	Retreat Attendees Information Please Print First name and Surname

Number of participants paying by Cheque

Number of Participants Paying By Credit Card

Total Number of Participants

Total Amount \$