

SOZO SOUTH AFRICA

BETHEL SOZO TRAINING REQUEST FORM

Sozo Basic training_____

Language:

English_____

Afrikaans_____

Name of

Church_____

Contact

person_____

Address:_____

Contact

number:_____

Email address:_____

Dates requesting (several options
please)_____

Maximum team members you can house: _____

Expected attendants:_____

Have you read and agreed to the information as explained in the 'Hosting a training seminar' above?

Yes_____ No_____

How do you know about Bethel church?_____

Where did you learn about Sozo_____

Please fax or email this application form to: 0862253978 Attention: Carina Boshoff

Email: sozo.knysna@gmail.com