FAX 送付先：045-933-3875

参加申込書Application Form

●14th Abstinence Education: Leader's Training Course (Introductory Course)

※ Please indicate which session(s) you wish to attend:

1. ___Introductory Course （Please submit statement of recommendation – below）
2. ___Advanced Course Please give the registration number as shown on your Introductory course certificate of completion #_____
3. ___Discussion (18th)
4. ___Discussion (19th)

Name Church/Organization

Address 〒

Phone number Email Address Job

How do you anticipate using this course material?

◆Are you registered as a "Family Friend" or "Supporter"? Yes（Mmbrshp # ） ・No

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推薦状

牧師／宣教師／教会責任者名

教会名

私は（参加希望者名）_____が、献身的なクリスチャンであること、霊的にも精神的にも安定していること、上記の講座を受けるにふさわしい者であることを保証し、推薦いたします。

2010 年 月 日 （署名）_____

その他コメント

Letter of recommendation

Name of Pastor／Missionary／Church responsible person:

Church name:

I recommend（name of registrant）_____for the Abstinence Education Training course, and affirm that this person is a devoted Christian, being both spiritually and emotionally stable, and able to make effective use of the training received.

Date: _____ Signed:_____

Other comment