

**World Communion of Reformed Churches'  
Caribbean and North American Area Council - CANAAC**

in collaboration with the  
Guyana Congregational Union, Guyana Presbyterian Church & the Presbyterian Church  
of Guyana

**Lay Leaders' Institute 2018**  
***"Living Faithfully: Building Relationships"***  
October 26 - 31, 2018

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**PARTICIPANTS' REGISTRATION FORM**

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Delegates are asked to complete this form. The Executive Officer of the National Church must sign this form. (Kindly complete and return to CANAAC Assembly Secretariat [canaac.assembly@gmail.com](mailto:canaac.assembly@gmail.com) ON/BEFORE June 30, 2018)

MEMBER CHURCH: .....

OR

ECUMENICAL AFFILIATION .....

SURNAME: ..... FIRST NAME: .....

GENDER: M / F (circle one) TITLE: Dr., Mr., Mrs., Ms. (circle as necessary)

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ PRESENT OCCUPATION: .....

EMAIL ADDRESS/ES: ..... or .....

MAILING ADDRESS: .....

.....

Telephone: (Work) ..... (Home).....

(Cell).....

**1. PASSPORT DETAILS: (It is important that you enclose photocopies of the pages in the passport which show your photograph, passport number and expiry date)**

a. Passport number ..... Place of issue .....

b. Issue date: ..... Expiry date: .....

c. Nationality: .....

**2. Mother tongues:** .....

a. Will you require translation for the Lay Pastor Training Sessions? Yes/No.

**3. CHURCH LIFE**

a. Of which congregation are you a member?.....

b. What areas of leadership responsibilities have you held in the church/denomination?  
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**4. What is your knowledge, experience or involvement with CANAAC?**  
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**5. What are your expectations of the Lay Pastor Training Sessions?**  
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a. How do you hope to contribute? .....

b. What do you expect to gain?  
.....  
.....

**6. HEALTH:**

a. Is your health generally good? Yes/No      If No, Please give details  
.....  
.....

b. Do you have a medical condition that we should know about? (eg. Allergy, asthma, anydisability)?  
Yes/N If Yes, please state: .....

c. Do you require ground floor accommodation/special access? Yes/No .....

d. Do you have any special dietary needs? Yes/No.    If yes, give  
details.....  
.....

- Vegetarian       Fish Only       No Red Meat       Chicken only

.....  
Signature of delegate

.....  
Date

**Please indicate your availability and willingness to participate in worship (bring greetings/read a lesson/other) on October 28, 2018. Yes/No. If Yes, Please state in which format.**

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**Scholarship Request**

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**Kindly advise whether you will require a scholarship/stipend to participate in the 2018 Lay Pastor Training**

**Yes/No.** If Yes, please state the nature of assistance required (airfare, accommodation, etc.)

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**ENDORSEMENT FROM THE NATIONAL CHURCH/ECUMENICAL AFFILIATE**

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Name of Officer: .....

Address of Ecumenical/Church Office:

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Email Address of Ecumenical/Church Officer: .....

Designation/Nature of Signatory's Responsibility within Church/Organization:.....

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Designation/Nature of Delegate's Responsibility within Church/Organization:

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Signature of National Church Officer

Date

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**For CANAAC USE Only**

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Date Received:

Documents Received



Signature of Approving Officer

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Date

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Remarks.....

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Scholarship Requested Yes/No

Scholarship Approved Yes/No