



# THE ALPHA COURSE

## REGISTRATION FORM

It would be a great help if you could fill in this form to let us know if you're coming

Title \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

How did you hear about Alpha? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you would like to come, please fill this form out and bring with you the first time you come.

We look forward to seeing you!

For more information:

[lorne.everett@wefc.net](mailto:lorne.everett@wefc.net)

(204)253-8464

[www.alphacanada.org](http://www.alphacanada.org)

[www.wefc.net](http://www.wefc.net)

AT WINNIPEG EVANGELICAL FREE CHURCH  
6:30-9 PM INCLUDING SUPPER