

* To be submitted to GLC before you start your training.

ABOUT YOU

I am a registered DGroup Leader with DGroup Management (DM)

Last Name: _____ First Name: _____ Middle Name: _____

Mobile Number: _____ Email: _____

Dgroup Leader: _____ Area Pastor: _____

ABOUT GLC TRAINING IN YOUR DGROUP



Number of Members: _____

GLC Level to be taken in your DGroup (please check one):

- GLC 1 Essentials (Books 1–4)
- GLC 2 Essentials (Books 5–8)
- GLC 3 LEAD

Date: _____
TODAY

CCF Privacy Policy:

The information collected and stored will be used solely for the purpose of CCF which is not limited to check in and registration during related event and activities. Changes will only be made upon collection of updates by CCF and/or the request of the participant. Any and all disposal of data will be carried out securely and within the timeframe provided by CCF. Information stored in a Third Party Database System is subject to the Privacy Policy of CCF. The participant waives any and all liability upon the disclosure of personal data to CCF.

Conforme:



Signature over Printed Name Date