



KWAZULU NATAL FREE STATE CONFERENCE ADVENTIST YOUTH SOCIETY LIST FORM



Name of the AY Leader: _____ Name of the Society: _____
 Name of the Church: _____ Address: _____
 Date Submitted: _____ Year: _____ AY LEADER CELL: _____

ITEMS TO BE CHECKED

NAME OF THE AY MEMBERS	AGE	TYPE OF MEMBER	AY UNIFORM	MEMERSHIP FEE	CONTACT DETAILS OR EMAIL ADDRESS
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DEADLINE FOR CLUBS REGISTRATION: March 31

Email to: youthdirector@sdaknfc.org.za or precious@sdaknfc.org.za or FAX: (031) 7003981