

# KAIROS OF GEORGIA AKT REGISTRATION FORM

**REGISTRATION DEADLINE is TWO (2) FRIDAYS PRIOR TO THE FRIDAY TRAINING DATE AT 4:00 p.m. EST. Bring your Program Manuals. No manuals will be available at training.**

**If you are a Kairos Volunteer serving outside of Georgia**, complete the form below, enclose registration fee (make check payable to Kairos of Georgia). No personal checks will be accepted. Check must be drawn on a KPMI checking account. Mail to: Lillian Robinson, Georgia AKT Coordinator, 8608 Cedar Creek Ridge, Riverdale, GA 30274. Email address: [akt@kairosforgeorgia.org](mailto:akt@kairosforgeorgia.org). The registration fee, based on lodging preference, pays for your room, meals and training material. The training begins with dinner at 6 p.m. on Friday and concludes on Sunday before 12 noon.

**If you are a Kairos of Georgia volunteer**, complete both the form below and the voucher (form attached). The Advisory Council Chairperson's signature denotes approval and is required on the voucher. No check is required. The voucher serves as payment for a double room, meals and training material. A confirmation of your registration will be sent via email and additional information will be sent prior to the weekend.

TRAINING LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

CHECK APPROPRIATE MINISTRY: \_\_\_\_\_ Inside \_\_\_\_\_ Outside \_\_\_\_\_ Torch

## ATTENDEE INFORMATION: (Please print clearly)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City

State

Zip Code

PHONE # \_\_\_\_\_

Home

Work

Cell

EMAIL ADDRESS: \_\_\_\_\_ How many weekends have you served on? \_\_\_\_\_

## MY PURPOSE FOR ATTENDING AKT: (Please provide ALL information requested below)

Upcoming Leader \_\_\_\_\_ Observing Leader \_\_\_\_\_ Advisory Council Member \_\_\_\_\_ Wkend Date Serving: \_\_\_\_\_

Serving Wkend # \_\_\_\_\_ # Wknds Worked: \_\_\_\_\_ Name of AC (Name of Facility) \_\_\_\_\_

\*Your AKT is not to be more than 24 months prior to the Kairos weekend which you will lead. If this is Weekend #1, contact Men's Inside, Women's Inside, Women's Outside or Torch before submitting this form. Contact your AC Chairperson or your AC State Representative for the contact information or go to <http://www.mykairos.org/directory.html>.

## LODGING PREFERENCE

\_\_\_\_\_ SINGLE ROOM

\_\_\_\_\_ DOUBLE ROOM

\_\_\_\_\_ WILL COMMUTE

ROOMMATE'S NAME \_\_\_\_\_

DRIVING \_\_\_\_\_

FLYING \_\_\_\_\_

FLIGHT# \_\_\_\_\_

Time of Arrival \_\_\_\_\_

SPECIAL NEEDS \_\_\_\_\_

# KAIROS Prison Ministry Intl - Georgia Chapter AKT TRAINING REGISTRATION VOUCHER

(For Georgia Volunteers attending AKT's in Georgia)

**Location of Training** \_\_\_\_\_

**Dates of Training** \_\_\_\_\_

**Name of Attendee** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Cost of Registration:** \_\_\_\_\_

\* Please complete this form and attach AKT registration form and send both documents to your Advisory Council Chair for approval.

\* Registration cost should be for Double occupancy only. If the attendee wishes to have a single room they must pay the additional cost involved. (Suggestion: The additional cost can be given to the Advisory Council as a donation). No personal checks or cash will be accepted for AKT registration fees.

**Approval Signature** \_\_\_\_\_  
Chairman of Advisory Council                      Name of Prison Serving

Phone #: \_\_\_\_\_

Mail voucher and the registration form to: Lillian Robinson, Georgia AKT Coordinator  
8608 Cedar Creek Ridge  
Riverdale, GA 30274 or  
Email: [akt@kairosgeorgia.org](mailto:akt@kairosgeorgia.org)