



APPLICATION FORM continued

(PLEASE USE BLOCK CAPITALS)

Other family members who wish to join

Name _____

Age _____ Date of Birth _____
Day / Month / Year

Name _____

Age _____ Date of Birth _____
Day / Month / Year

Name _____

Age _____ Date of Birth _____
Day / Month / Year

Contacted by:

PARENTS - For Your Information



- Courses mailed monthly
- FREE**- except for mailing the completed course back for marking
- No obligation to continue
- PBS is non-denominational and part of a Charitable Organization
- Courses marked by Christians who want to help children and teenagers understand the teaching of the Bible
- Primarily a postal service, yet personal contact is encouraged with parental consent
- Adult courses available too

The aim of **PBS** is
Sharing God's Word with Today's World

PBS IS FOR EVERYONE!






Postal Bible Studies

Box 110, Portage la Prairie, Manitoba, R1N 3B2, Canada

email: pbs110@mts.net



- o **FOR YOU!** Anyone 5 or above can join. Grades for all ages!
- o **FREE!** (See note for parents) 
- o **FUN!** Mail for you! Exciting Bible Stories with fun ways to answer! e.g. Word Searches, Crosswords, Puzzles etc ... Super pictures to colour! (Primary/Junior)
- o **REWARDING!** Marks gained, count towards Prizes which you can choose and ask for, as you earn them! (Bibles, Books, Stationery and so much more!)
PLUS Grade Certificates & Birthday Surprises!

- o **INFORMATIVE!** You'll be top of the class, as you discover for yourself what a great book the Bible is! Your own teacher will write to you and be helpful in every way!
- o **FRIENDLY!** We hope to arrange opportunities when we can meet together and get to know each other better.
- o **GROWING!** Not a week goes by without someone joining! So it must be good! Why not complete the form today so that you can receive your free **Introductory Pack** and see for yourself?



APPLICATION FORM

(PLEASE USE BLOCK CAPITALS)

DEAR **PBS**

Please send _____ Introductory Pack(s) to:

Name _____

Address _____

Prov./St. _____ Postal/Zip Code _____

Age _____ Date of Birth _____

Day / Month / Year

I would like a **FREE** Adult Study Course

Yes

No

Parent / Guardian Signature

_____ Date _____

