

Christian Unity Bible School

REGISTRATION FORM

REV. ANTIONE J. HUTCHINS, M.Div., SENIOR PASTOR

School Year 20____ -- 20____ Class Title: _____

Registration Date: _____ LAST 4 DIGITS OF SSN: _____

Name: _____
Last First M.I.

Address: _____
Apt #

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

IN CASE OF EMERGENCY:

Name: _____ Phone No.: _____

(PLEASE DO NOT WRITE BELOW THE LINE - OFFICE USE ONLY)

DATE: _____

REGISTERING AS A: _____ STUDENT _____ INSTRUCTOR

ATTENDANCE DATE: _____ TUESDAY _____ THURSDAY _____ SATURDAY

COURSE #: _____ SEMESTER: SP SU FA WI

SPECIAL INSTRUCTIONS/NOTES: _____

REGISTRATION FEE: \$ _____

PAID BY: _____ CASH

LATE FEE: \$ _____

_____ CHECK # _____

TOTAL PAID: \$ _____

(Invoice #) _____ CHARGE

RECEIVED BY: _____ DATE: _____