



District Extension Class Registration Form

Student Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email: _____

Home Church: _____

Ministerial Status:

____ First Class ____ Ministerial Student ____ Licensed Minister

CLASS INFORMATION:

Class _____ Teacher _____

Location _____

Dates _____ Times _____

Class Fee Paid (\$100*) ____ Yes ____ No

*Please include registration fee with this registration. Write check in the name of the teacher

Return form to:

South Coastal District - 1261 Parker Rd. SE - Conyers, GA 30094

Fax: 770-922-9331

E-mail form to: office@southcoastal.org