



# Strategic Training and Equipping Centre Registration Form

Please print clearly in black or blue ink.

## Personal Data

LAST NAME		FIRST NAME		DATE OF BIRTH (Month/Day/Year)	
STREET NO. & NAME, P.O. Box, R.R. #					APT. NO.
CITY/TOWN	PROVINCE	POSTAL CODE	E-MAIL ADDRESS		
HOME TELEPHONE (     )	BUSINESS TELEPHONE (     )	CELLULAR TELEPHONE (     )			
If address is different from above, please give your mailing address for admission correspondence.					
STREET NO. & NAME, P.O. Box, R.R. #					APT. NO.
CITY/TOWN	PROVINCE	POSTAL CODE	E-MAIL ADDRESS		

## Educational Data

- You completed high school.
- You have a one-year diploma, trade certificate or apprenticeship or full-time equivalent study.
- You have a two-year diploma, trade certificate or apprenticeship or full-time equivalent study.
- You have a university degree at the bachelor's level or full-time equivalent study.
- You have two or more university degrees at the bachelor's level or equivalent study.
- You have a master's degree or PhD.

## Courses

- |   |   |
|---|---|
| <input type="checkbox"/> Introduction to the Bible        | <input type="checkbox"/> Christian Apologetics                  |
| <input type="checkbox"/> Bible Doctrine Survey            | <input type="checkbox"/> The Church in the Bible and in History |
| <input type="checkbox"/> Spiritual Formation              | <input type="checkbox"/> Life of Christ                         |
| <input type="checkbox"/> Principles of Christian Teaching | <input type="checkbox"/> Practical Ministry Seminars            |
| <input type="checkbox"/> Christian Leadership Development |   |

For Office Use Only

NOTE: Deposit & course fees are non-refundable

<p><b>FEES - \$165 PER COURSE</b></p> <p style="text-align: right; margin-right: 20px;"><u>Owing</u>     <u>Date Pd</u></p> <p>BOOK     \$165x     _____ = _____</p> <p>             \$    x     _____ = _____</p> <p>Early bird registration discount     -     _____</p> <p style="text-align: right; margin-right: 20px;">Subtotal     =     _____</p> <p style="text-align: right; margin-right: 20px;">Deposit Paid     -     _____</p> <p style="text-align: right; margin-right: 20px;">Total     =     _____</p>	<p><b>METHOD OF PAYMENT (Deposit)</b></p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Cheque</p> <hr/> <p><b>METHOD OF PAYMENT</b></p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Cheque</p>
SIGNATURE _____	DATE _____