

Metropolitan District Congress of Christian Education

TEENS (Ages 15-17 ONLY**)
Class Registration Form**

PLEASE PRINT

PLEASE PRINT

Today's Date _____

Date of Birth {Month/Year} _____

_____ Male _____ Female (check one)

Course Number: Workshop

Course Name: "Who's Renting Space In Your Head?"

Name _____

First

Middle

Last

Address _____

City _____

Zip Code _____

Telephone Number () _____

E-mail Address _____

Church Home _____

Pastor's Name _____

****NAME OF THE COURSE THE ADULT I AM WITH IS TAKING:**

ANY ALLERGIES? _____

*****PLEASE DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY*****

ATTENDANCE RECORD

SEPTEMBER []

OCTOBER []

NOVEMBER []

DECEMBER []

JANUARY []

FEBRUARY []

MARCH []

ELIGIBLE FOR COURSE CARD? YES [] NO []

DEAN/ REGISTRAR'S INITIALS AND DATE _____

COMMENTS _____
