

~REGISTRATION WORKSHEET~

Date: _____

PERSONAL INFORMATION:

Mr. Mrs. Miss Dr. Other: _____

Name: _____

Last Name
First Name
M. I.

Physical Address: _____

Mailing Address (*if different from physical address*): _____

Home #: _____ Cell #: _____ Alternate #: _____

Email Address: _____

Check this box if you would like to receive emails from LCBC about our events, classes & more.

2018 CLASS SPRING REGISTRATION:

Please check the class/classes that you will be registering for this semester:

	<u>Time</u>	<u>Class #</u>	<u>Class</u>	<u>Teacher</u>	<u>Location</u>
First Session					
<input type="checkbox"/>	6:00pm-7:30pm	BB:170	The Life of Christ II	TBA	TBA
<input type="checkbox"/>	7:30 pm-9:00pm	BB:200	The Life of Paul II	TBA	TBA
<input type="checkbox"/>					
On Line Course					
<input type="checkbox"/>		BB:100	Basic Bible Study Methods	TBA	TBA
<input type="checkbox"/>				TBA	TBA

Please state the degree you are pursuing: _____

Signature: _____

