



# CenterPoint Institute Registration Form

## PERSONAL INFORMATION

Name (Last, First, Middle)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Telephone Number
Mailing Address	Cell Phone Number
City/State/Zip	E-mail Address
	Your Birthdate
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse's Name:	Anniversary
Children's Names and Birthdates:	
	Birthdate
	Birthdate
	Birthdate
	Birthdate
	Birthdate

Which Course of Study Are You Registering For?		
<input type="checkbox"/> Leadership	<input type="checkbox"/> Counseling	<input type="checkbox"/> Bible

## CHURCH INFORMATION

Are you currently involved in a church? What ministry are you involved with?	Name of your church:
Are you a member of the church?	Have you been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
Why are you interested in enrolling in CenterPoint Institute?	

Have you accepted Christ as your Savior? <input type="checkbox"/> Yes <input type="checkbox"/> No
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The information on this application is true and accurate the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_