

# Union Baptist Christian Leadership School

## Registration Form

**PLEASE PRINT - STUDENT INFORMATION**

LAST NAME	FIRST NAME

**Please print the following: (Circle Your Title Preference)**

Rev. Dr. Deacon Mr. Brother Dean Mrs. Ms. Miss Sister

Address:	City – State - ZIP
Daytime Phone Number (include area code):	Evening Phone Number (include area code):
Church & District Name:	Pastor’s Name:

COURSE #	COURSE TITLE	DATE OF SCHOOL

**Lunch Preference:** Any Food Allergies \_\_\_\_\_

**Registration Fee - \$25.00 (includes Continental breakfast, class materials and lunch). Please pre-register so we will have enough materials and lunch.** Onsite: Registration time: 7:30 – 8:00 Class time: 8:00 – 4:15.

**MAKE CHECKS OR MONEY ORDERS PAYABLE TO: Union Missionary Baptist Church**

Please mail Registration Form and Money (**no Cash**) to:

**Union M. B. Church. Attention: Victoria Caldwell, Dean  
509 West Jackson Street, Bloomington IL 61701**

For questions, please call 309-828-1162

**Textbooks will be available.** The cost of the textbook is **not** included in the registration fee.

OFFICE USE ONLY			
Date Received: _____	Amt. Received: _____	Pre Registration: ____	On-site: ____
Cash: _____	Check: _____	Money Order: _____	Check: _____
Processed by: _____		# Registered: _____	