



Beacon Institute of Ministry Observer Registration Form

No registration fee required.
Submit for first class attended.

1. Personal Information		<i>Please type or print in black ink.</i>	
Full Name: Last First Middle (Maiden)			
<input type="checkbox"/> Rev. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss			
Mailing Address (Street):		Social Security Number:	
City, State, Zip Country:		Learning Center Attended:	
Course Name:		Course #:	
Instructor:		Course Date:	
Home Phone: ()	Work Phone: ()	Fax ()	
Employment:		Email:	

Covenant Christian Community
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