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## REGISTRATION FORM

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I wish to register for the following course/courses. Please include the correct course number and cluster location when registering.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

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Course

Location

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### Method of Payment

**Please refer to the Academic Catalog for payment plan guidelines.**

Full amount at 1<sup>st</sup> class \_\_\_\_\_

Monthly Payment Plan \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send your completed Registration Form to:

**EVANGEL Theological Seminary  
P.O. Box 1887  
Harrisonburg, VA 22801**

Telephone: (540) 433-7760  
(888) 711-0066 toll-free  
(866) 404-4424 toll-free

Fax: (540) 433-8273  
E-mail: [Evangelsem@aol.com](mailto:Evangelsem@aol.com)  
[info@ets.edu](mailto:info@ets.edu)