

Revelation

School of Ministry

Registration Form - Please Print

Contact Info: W.I.N. 1 Ministries 352-589-0035

DATE: _____

Name: _____ Age: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Email: _____

Name of Church Attending: Name of Pastor:

Theological Information: Please list any biblical studies and ministry involvement. Use separate sheet if needed.

1. _____

2. _____

3. _____

Please check degree you are eligible to work towards.

Associate Bachelor Masters

Registration Fee: \$35.00 NON-REFUNDABLE
Must Accompany this applicaiton.

Student Signature _____

Administrator Signature _____