

THE HOLY SPIRIT

The Lord, the Giver of Life



STUDY REGISTRATION FORM

PARTICIPANT INFORMATION:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

REGISTRATION OPTIONS:

Participant Fee: _____

Donation to Scholarship Fund: _____

Total: _____

Cash Y/N \$ _____

Check Y/N \$ _____

Checks can be made payable to:

Mail checks to:

To request financial assistance, please email _____ at _____ or call _____

Special needs: _____

Volunteer opportunities: Small-Group Facilitator Y/N? _____ Hospitality Y/N? _____

Other: _____



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