



The Covenant Center

School of Ministry Application

Please send completed registration form to:
Covenant School of Ministry
PO Box 524
Lakeland, FL 33802-0524
Phone: 863.802.5171
Fax: 863.226.0899

Name	_____		
	First	Middle	Last

Address	_____		
	Street	City	State Zip
Contact	_____		
	Home	Cell	Fax
Email	_____		
DOB/ Gender	_____		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
How Did You Hear About CSM?	<input type="checkbox"/> Pastor	<input type="checkbox"/> Member	Please Describe _____ _____ _____ _____
	<input type="checkbox"/> Internet	<input type="checkbox"/> Church	
	<input type="checkbox"/> Brochure	<input type="checkbox"/> Facebook	
	<input type="checkbox"/> Email	<input type="checkbox"/> Other	
Education	<input type="checkbox"/> High School _____ years	<input type="checkbox"/> College _____ years	
	<input type="checkbox"/> Masters _____ years	<input type="checkbox"/> Other _____	

Current Employer	_____		
Why Are You Interested In CSM?	_____		

