

TEPEYAC THEOLOGY CERTIFICATE PROGRAM



REGISTRATION FORM

One form per person

Date: _____

[Please print.]

Name: _____

Address: _____

City/State/ZipCode: _____

Phone No. (Home) _____ (Cell) _____ (Alternative) _____

E-Mail address: _____

Parish: _____

Fee: \$50.00/per course

Course Title: _____ Presenter: _____

Course Title: _____ Presenter: _____

Total Amount of Course(s): \$ _____

PAYMENT AUTHORIZATION

Parish will pay full amount.

Student will pay full amount.

Parish will pay half the amount.

Student will pay half the amount

Pastor's Signature

Date

Student's Signature

Date

FOR TEPEYAC OFFICE USE ONLY

Date: _____

Date: _____

Amount

Amount

Paid \$ _____

Paid \$ _____

Cash Check No. _____

Cash Check No. _____

Receipt No. _____

Receipt No. _____

Received by: _____

Received by: _____