

# ALLEN TEMPLE CENTER FOR BIBLICAL AND FAMILY STUDIES

## CLASS ENROLLMENT FORM

Please Print or Type

TERM:  Fall  Spring  Summer YEAR: 20\_\_\_\_\_

LAST NAME:

FIRST NAME:

Telephone:

Email:

Allen Temple Member Since \_\_\_\_\_

CLASS(ES) REGISTERING FOR: (Please refer to the Schedule)

\_\_\_\_\_ Enter Class Title Here \_\_\_\_\_

\_\_\_\_\_ Enter Class Title Here \_\_\_\_\_

\_\_\_\_\_ Enter Class Title Here \_\_\_\_\_

\_\_\_\_\_ Enter Class Title Here \_\_\_\_\_

Email completed form to [CBFS@allen-temple.org](mailto:CBFS@allen-temple.org)

Student Signature \_\_\_\_\_

ATCBFS USE ONLY

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