

# LIGHT & LIFE MINISTRIES REGISTRATION FORM

**PLEASE PRINT CLEARLY**

PARTICIPANTS'

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

(Month / Day / Year)

PARENTS OR GUARDIANS NAMES:

(Required for participants under age 18)

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

(City) (State) (Zip)

HOME PHONE #: \_\_\_\_\_

CELL/2<sup>nd</sup> PHONE # \_\_\_\_\_

In case of emergency or for cancellation information

E-MAIL ADDRESS:

CHURCH ATTENDING : \_\_\_\_\_ SCHOOL ATTENDING

: \_\_\_\_\_

\_\_\_\_\_ For scheduling purposes

PREVIOUS EXPERIENCE: (List what type of classes, where they were taken, what level, and for how long)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AREAS REGISTERING FOR: Please check all that apply

HOP CRTC Level I CRTC Level IIL&L MINISTRY TEAM CFAA TEAM

House of Prayer Compass Regional Compass Regional Light & Life Ministry Team Compass Fine Arts  
Training Center Training Center Academy Team

Pre-Ballet Beginner Ballet Beg. Int. Ballet Intermediate Ballet Modern

Arts & Crafts I Arts & Crafts II Arts & Crafts III Adult Dance & Worship

Music Theory I Music Appreciation I Instrumental/ \_\_\_\_\_

Theory/ Voice Please Specify

H.S. Workshops Drama Other \_\_\_\_\_

Please Specify

I have read through the Light & Life Guidelines and agree to cooperate in following them.

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Parents/ Guardians Signature (Required for participants under age 18)

\_\_\_\_\_  
Date