



## Course Registration

|                        |  |
|------------------------|--|
| <b>Name</b>            |  |
| <b>Mailing Address</b> |  |
| <b>City/State/Zip</b>  |  |
| <b>Phone</b>           |  |
| <b>E-mail</b>          |  |

By signing below I commit to participate in the online discussion and weekly conference calls throughout the duration of the course. I also pledge to notify my pastor or assigned mentor when this course is complete and share what I have learned.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Pastor

\_\_\_\_\_  
Date

**MAIL, FAX OR E-MAIL THIS FORM TO:**

**CONTINUING LAY TRAINING  
17001 PRAIRIE STAR PARKWAY  
LENEXA, KS 66220**

**E-MAIL: [CLT@NAZARENE.ORG](mailto:CLT@NAZARENE.ORG)**

**PHONE: 888-243-2767**

**FAX: 913-577-0872**