

REGISTRATION FOR CPE-PLUS--2010

NAME: _____

ADDRESS: _____

HOME PHONE: _____ OFFICE PHONE: _____

CELL PHONE: _____

CHURCH OR CHARGE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

SPOUSE'S NAME _____

CHILDREN'S NAMES AND AGES: _____

REASONS FOR TAKING CPE-PLUS: _____

DATE: _____

TENETIVE DATES FOR THE PROGRAM:

JAN. 28- Feb. 11- Feb. 25-Mar. 11-Mar. 25-April 8-April 22...

-I WILL DO MY VERY BEST TO ATTEND ALL SESSIONS. IF I AM FORCED TO MISS A SESSION, I WILL DO ALL REQUIRED AND ADDITIONAL MAKEUP WORK.

-I WILL KEEP ALL THE MATTERS OF THIS GROUP WITH THE UTMOST LEVEL OF CONFIDENTIALITY.

-I WILL PAY \$950.00 FOR TUITION AND MATERIALS. IF I CAN'T PAY THE FEE AT THE BEGINNING OF THE CLASS, I WILL TALK WITH THE LEADER ABOUT ESTABLISHING A PLAN.

-I WILL PRAY FOR ALL THE PARTICIPANTS AND THE LEADER OF THIS GROUP.

SIGNATURE OF CONSENT: _____

RETURN FORM TO:

**REV. DANNY DOSS
6101 Grelot Rd.
Mobile, AL. 36609**