



CLASS REGISTRATION

L.A. DISTRICT TRAINING CENTER

in alliance with Nazarene Bible College

School Year _____ Fall Winter Spring Summer Tuition: \$300

CLASS NUMBER: _____ CLASS NAME: _____

Track: Elder Deacon

Ministry Area: _____ **ADM** = Administration, **CE** = Christian Education, **CH** = Chaplaincy,
CM = Compassionate Min., **LM** = Lay Min., **P** = Preaching, **YM** = Youth Min.

NAME: _____
Last First Middle

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE: _____

Financial aid requested: _____

Student's Signature

Date

Send this application form with your check to:

Registrar, L.A.D.T.C.
Los Angeles District Office
225 East Santa Clara Street, Suite 300
Arcadia, CA 91006

For any questions regarding ministerial training courses you may contact:

Dr. Peter Lundell
20801 La Puente Road
Walnut, CA 91789
(909) 762-8809
pnlundell@aol.com

For Training Center Use Only:

Registrar's Signature

Date

Tuition Paid: _____

Financial aid given: _____