

Decherd Discipleship Institute Registration Form

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Program(s) I wish to participate in (see brochure for program descriptions)

Discipleship Certificate _____

Advanced Discipleship Certificate _____

Deacon Certification _____

Sunday School Teacher Certification _____

Children's Ministry Certification _____

Certificate of Biblical and Discipleship Studies _____

Associates Degree in Biblical and Discipleship Studies _____

Please list any elective classes you wish to take and/or any classes you wish to see added:

Signature _____ Date: _____