



V.L.B.I.T. REGISTRATION

Check #: _____

Receipt #: _____

VICTORIOUS LIFE BIBLE INSTITUTE OF THEOLOGY
3418 VIRGINIA AVENUE KANSAS CITY, MO 64109

"A GLOBAL RESOURCE CENTER OF BIBLICAL, CHRISTIAN AND MINISTRY TRAINING FOR THE BODY OF CHRIST"

COURSE NAME/NUMBER: _____

NAME: _____ **DATE** _____

ADDRESS: _____

CITY, STATE, ZIP _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____ **BIRTH DATE:** _____

E-MAIL: _____ **DATE BAPTIZED:** _____

HOME CHURCH: _____

PASTOR: _____ **CHURCH PHONE:** _____

CHURCH ADDRESS: _____

CHURCH EMAIL: _____ **CHURCH WEBPAGE:** _____

HAVE YOU RECEIVED THE HOLY GHOST: (YES) (NO) (DON'T KNOW)

WHAT IS YOUR CALLING/MINISTRY? _____

WHAT JOBS DO YOU PERFORM FOR THE LORD/CHURCH? _____

WHY ARE YOU TAKING THIS CLASS? _____
