

Bethel's Kingdom Empowerment Institute

*2900 Lockbourne Rd.
Columbus, OH 43207
614-962-2853*

Registration Form Fee: \$30.00

Official Use Only:

Entry Date ___/___/___ **Student ID#** ___-___

Registration Date ___/___/___ **Payment: \$**___.**00**

Date: ___/___/___

Name:

Last _____ First _____ Initial _____

Address:

Street _____ City _____ St. _____ Zip _____

Phone:

Home: (614) _____ - _____ Cell: (614) _____ - _____ **E-mail** _____

Education:

High School Name _____ Address _____

City _____ St. _____ Zip _____ Degrees _____

Favorite Subject: _____ Your Ministry _____

College Name: _____ Degrees _____

Birthday: Month _____ Day _____ Yr. _____ Male ___ Female ___

Church Information:

Church Name: _____ Pastor: _____

Address: _____ St. _____ Zip _____