



Scotfield Biblical Institute and Theological Seminary

Course Registration

P.O. Box 48
Hart, MI 49420
(213-742-7039)

Name (Last, First, Middle)

SSN#

Date of Birth

Gender: Male Female

Citizenship: US Other

Address:

City:

State:

Zip Code:

Phone:

Occupation:

Email:

COURSE SIGN – UP ORDER FORM

Course Number

Course Title

Course Fee



\$ _____

\$ _____

\$ _____

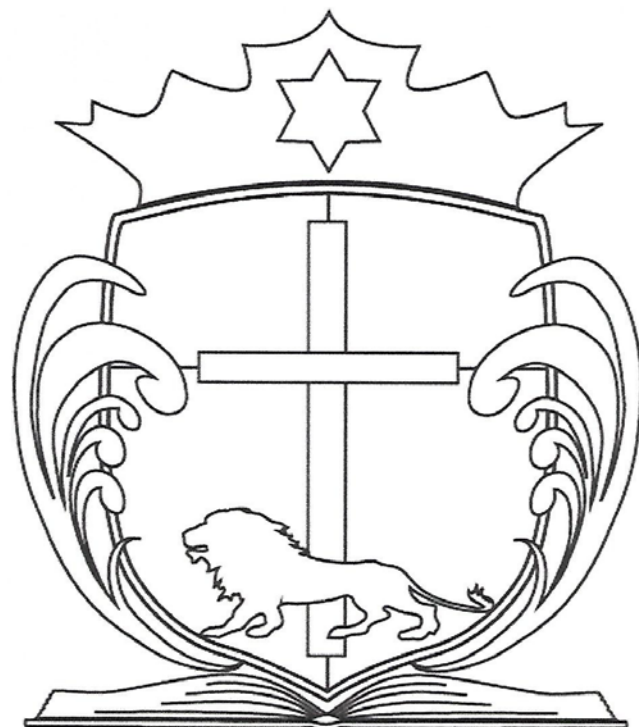
\$ _____

Payment Options:

Make Checks Payable to: Theology In Perspective, Inc." (write in memo "SBI") Check

Money Order

Credit Card- (Paypal – [www.Daniel.Woodhead@ Scotfield Institute.org](mailto:www.Daniel.Woodhead@ScotfieldInstitute.org))



Scofield Biblical Institute