



## Scotfield Biblical Institute and Theological Seminary

### Course Registration

P.O. Box 48  
Hart, MI 49420  
877-706-2479

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Name (Last, First, Middle)

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SSN#

E-Mail

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Gender:  Male  Female

Date of Birth

Citizenship:  US  Other

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Address:

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City:

State:

Zip Code:

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Phone:

Occupation:

Email:

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### COURSE SIGN – UP ORDER FORM

Course Number

Course Title

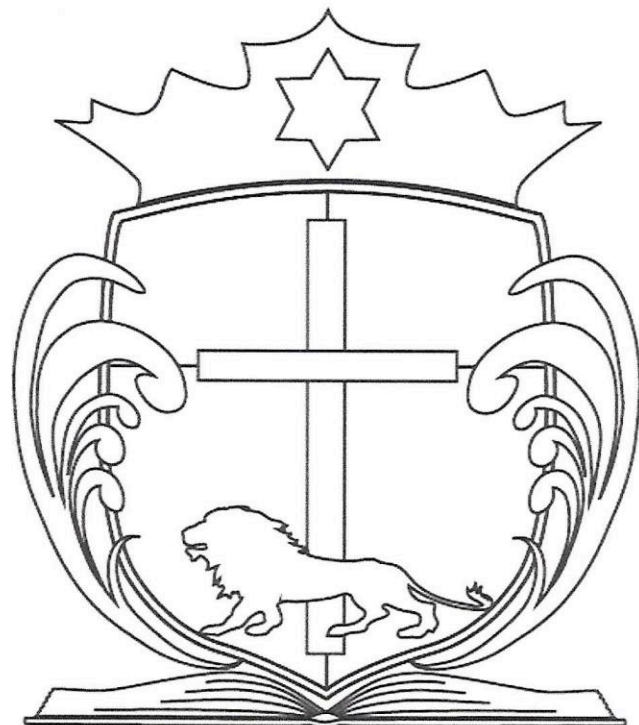
Course Fee

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### Payment Options:

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