

**NEW HOPE CHRISTIAN CHURCH**

**ARISE** School of Supernatural Lifestyle 2016-2017 **registration**

(If spouse also attending, fill out separate registration.)

**NAME OF REGISTRANT:** \_\_\_\_\_  
First Name Last Name

**DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_ City state zip code

**CELL PHONE-AND TYPE "YES" IF YOU TEXT:** \_\_\_\_\_  
Phone number

**EMAIL:** \_\_\_\_\_  
Email address

**NAME OF HOME CHURCH AND PASTOR** \_\_\_\_\_

**Please describe in what ministry you presently serve-if any**

**Please share why you want to attend this school**