

Local Church Registration Form

Please Print or Type Clearly

Date _____

1. Local Church Information:

Church Name _____

Church Street Address _____

City _____ State/Prov. _____ Postal/Zip Code _____

Is mail deliverable at this church street address? Yes _____ No _____

Church Phone _____ Fax _____

Church Email _____

2. Local *Discover* Bible School Information:

Coordinator's Name _____

Phone _____ Email _____

Coordinator's Address _____

City _____ State/Prov. _____ Postal/Zip Code _____

3. School Name: ***Discover* Bible School** or another name of your choice. List your choice of name on this line: _____

PO Box _____

City _____ State/Prov. _____ Postal/Zip Code _____

4. Your *Discover* Bible School agrees to accept the responsibility of serving the following zip codes:

If your zip/postal codes are shared with other Adventist Churches with a *Discover* Bible School, have you verified the zip codes with your conference Ministerial Secretary or neighboring church pastors? Yes _____ No _____

5. Conference where your church is located: _____

6. Some churches have grouped together to form one Bible School. If this is your situation, please list the additional churches that comprise your Bible School:

Church Name _____

Church Street Address _____

City _____ State/Prov. _____ Postal/Zip Code _____

Is mail deliverable at this church street address? Yes _____ No _____

Church Name _____

Church Street Address _____

City _____ State/Prov. _____ Postal/Zip Code _____

Is mail deliverable at this church street address? Yes _____ No _____

Church Name _____

Church Street Address _____

City _____ State/Prov. _____ Postal/Zip Code _____

Is mail deliverable at this church street address? Yes _____ No _____

7. Your Name _____ Phone _____

Return this form to:
Discover Bible School
PO Box 999
Loveland, CO 80539
Fax: (805) 522-1760
Email: discover@vop.com

Office use only:

Date entered _____

Assigned Bible School ID # _____