



Vision International Leadership Network

1907 Sharpsbury Drive, Euless, TX 76040
Office 817-835-0531 - Fax 817-835-0536



CHAPLAINCY COURSE REGISTRATION

Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Alt Phone: : _____ Sex: M F
Email: _____ Date of Birth: ____/____/____

I need to attend the class in: English Spanish No Preference/ Either

Marital Status: Single Married Divorced Widowed

Are you a credentialed Minister ? Yes No Licensed Ordained

If yes, with who? _____

Did a member recommend you? Yes No If yes, who? _____

Have you ever been convicted of a felony? Yes No If yes, please attach an explanation.

Are you a Veteran? Yes No Current Occupation: _____

Driver License or State ID# _____ State: _____ Expires: _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Emergency Contact: _____ Ph: _____ Relation: _____

MAIL THIS FORM W/ A MONEY ORDER TO ADDRESS ABOVE, OR FAX TO 817-835-0536 & PAY BY CREDIT CARD BELOW:

Name on Card: _____ Card# _____

Expiration: _____ 3-Digit Code: _____ Amount to be charged: \$ _____

Billing Zip Code: _____ **Authorized Signature** _____

FOR OFFICE USE ONLY. DO NOT WRITE IN AREA BELOW.



Badge #

Class Date: _____

Location/ Host: _____

Partial Pay: \$ _____ Date: _____ Ck# _____

Paid in Full: \$ _____ Date: _____ Ck# _____

Materials Distributed:

- Book/ Exam
- ID Card
- Certificate/ Holder
- Badge & Wallet

CC Auth# _____