



Atlantic District Lay Deacon Program
 Class Auditing Registration
 Class - _____



Personal Information

Name: _____

Address: _____

Telephone [Home]: _____ [Cell:] _____

Email address: _____

Congregational History/Experience

Congregation: _____ Location: _____

Pastor: _____ Lay Deacon since: _____

Please describe your interests in other Continuing Education opportunities. _____

 Signature of Applicant

 Date

Payments: + By Check – Make it out to *The Atlantic District*, marking the Memo: Course Audit

+ Charge – Card Type: [circle one] Master Card + Visa + Discover

Name on Card: _____ Expiration ___/___

Card Number _____ Security Code _____ Billing Zip Code _____

Please send this completed Registration Form, along with your payment of \$50 to:

Rev Henry Albrechtsen III
129 North Cross Road + Lagrangeville, NY 12540

Or if paying by Credit Card, you may scan and email to revalbrechtsen@outlook.com