

**APPLICATION FOR ENROLLMENT**

**Contender's Bible School**

**Machias Community Church**

1615 Virginia ST, Snohomish WA 98290  
425) 334.1291



Name: \_\_\_\_\_  
LAST, FIRST, MI MAIDEN/FORMER

Mailing Address: \_\_\_\_\_  
STREET / PO BOX

\_\_\_\_\_  
CITY STATE / PROVINCE POSTAL CODE

Day Phone: ( ) - Evening Phone: ( ) -

Email: \_\_\_\_\_ @ \_\_\_\_\_

Date of Birth: / / Gender:  Male  Female

Your Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_  
STREET / PO BOX

\_\_\_\_\_  
CITY STATE / PROVINCE POSTAL CODE

**Please explain how you heard about Contender's Bible School:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Briefly describe why you would like to attend Contender's Bible School:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any special needs? (i.e. hearing, vision, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When do you plan to begin attending Contender's Bible School?**

Fall Quarter  Winter Quarter  Spring Quarter Year: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_