



Academy of Christian Training and Study

Registration for Disciples History: Foundations of Faith

Name: _____

Address: _____

Phone _____

E-mail _____

Church _____

_____ Youth

_____ Young Adult (18-30)

_____ Adult (over 30)

_____ I can only attend if \$ _____ scholarship is available. (Provided scholarship funds are available.)

_____ I can only attend if child care is available for _____ children ages _____ & _____ & _____.

Length of time with Disciples _____

Other denomination/faith of which I have been a part _____

Reason for taking the class _____

Check the course location you want to take:

Course Location	Presenter	Details
<input type="checkbox"/> FCC Palo Alto	Jon Smith	6 Saturdays: 1-3pm – begins August 29
<input type="checkbox"/> FCC Selma	Janet Chapman	6 Sundays: 6:30-8:30 pm – begins September 13
<input type="checkbox"/> FCC Concord	Russ Peterman	6 Wednesdays: 7-9pm – begins September 2
<input type="checkbox"/> Fruitridge CC Sacramento	Judy Bever	3 Saturdays: 10-2:30pm – October 24, 31 & November 7 – two sessions each meeting with lunch
<input type="checkbox"/> FCC Chico	Jesse & Mary Kearns	3 Saturdays: 10-2:30pm – September 5, 12 & 19 – two sessions each meeting with lunch
<input type="checkbox"/> FCC Ukiah	Carroll Cotten	3 Saturdays: two sessions each meeting with lunch – TBA
<input type="checkbox"/> Online Course	Gerry Brague	Will begin in October (online registration info TBA)
<input type="checkbox"/> NAPAD/Korean Course-FCC Oakland	Kyung-Min Daniel Lee	2 Saturdays: 10am-5:30pm – Oct. 10 & 17 – 3 sessions each meeting with lunch and afternoon break.

NOTE: A course in any location will only be available with a minimum registration of 10. This must be determined two weeks prior to the start date. Once the minimum 10 is achieved registration is available until the first session.

CUT HERE



Registration & Payment Information

Cost per Course - \$75.00 plus books

Check One Payment Method: All registrations must include full payment.

(Refund Policy: No refunds 2 weeks prior to the event)

Check or Money Order

Credit Card – VISA or MasterCard only

Church will pay by check

Name as it appears on card _____

Credit Card # _____ - _____ - _____ - _____ Exp. Date _____

Billing address _____

Signature _____

Date _____

Print Name _____ Total Amount Due \$ _____

I am enclosing a check in the amount of \$ _____ OR debit my credit card for the amount of \$ _____

Mail or fax your registration with credit card information clearly written with signature.

SEND FORM WITH PAYMENT MADE OUT TO: CCNC-N
9260 ALCOSTA BLVD, SUITE C-18 · SAN RAMON CA 94583 · FAX: 925-556-9904

Please contact the Regional Office at 925-556-9900 or info@ccncn.org/act.htm with questions or concerns.