



PERIOD 1 (OR FULL YEAR)

Class # _____

Explorer's Bible Study Enrollment Form

Name _____

Address _____

City _____ State **TN** Zip _____

Phone (____) _____ E-mail address _____

Church Affiliation _____

Age (optional) **under 25** **26-40** **41-55** **56-70** **over 70**

	Period 1 <i>Weeks 1-15</i>	Period 2 <i>Weeks 16-30</i>	Full Year <i>(\$65.85)</i>
\$32.93 Enrollment Contribution	\$ _____	\$ _____	\$ _____
Contribution for Explorer's	\$ _____	\$ _____	\$ _____
Total Amount Enclosed	\$ _____	\$ _____	\$ _____
Paid by:	<input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check
	<input type="checkbox"/> Bankcard	<input type="checkbox"/> Bankcard	<input type="checkbox"/> Bankcard
	<input type="checkbox"/> Cash	<input type="checkbox"/> Cash	<input type="checkbox"/> Cash
Scholarship Requested	<input type="checkbox"/> Scholarship	<input type="checkbox"/> Scholarship	
Date Paid	_____	_____	_____

All contributions exceeding \$65.85 are greatly appreciated and will receive a tax deductible receipt.

Mail Copies to the Service Center: **[White - Period 1]** **[Yellow - Period 2]** **[Pink - Keep for class records]**



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	<input type="checkbox"/> Bankcard	<input type="checkbox"/> Bankcard	<input type="checkbox"/> Bankcard
	<input type="checkbox"/> Cash	<input type="checkbox"/> Cash	<input type="checkbox"/> Cash
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