CrossRoads Bible Institute
Application for Enrollment Form

Name: _____ Date: _____
First Middle Initial Last

Address: _____

City: _____ State: _____ Zip: _____ Birth Date: _____

Home Phone: _____ Work: _____ E-Mail: _____

In case of an emergency call: _____ Relationship: _____
Name Phone

Are you a member of this church? _____ Yes _____ No If no, what church? _____

In what ministries are you currently involved at this church? _____

_____

By signing this application form I am indicating that I am in full agreement with the doctrinal statement of CrossRoads Bible Institute, and if I am accepted as a student, I agree to abide by the policies set forth in the catalog of the Institute. CrossRoads Bible Institute is a ministry of CrossRoads Baptist Church.

_____
Signature Date

CrossRoads Bible Institute
Application for Enrollment Form

Name: _____ Date: _____
First Middle Initial Last

Address: _____

City: _____ State: _____ Zip: _____ Birth Date: _____

Home Phone: _____ Work: _____ E-Mail: _____

In case of an emergency call: _____ Relationship: _____
Name Phone

Are you a member of this church? _____ Yes _____ No If no, what church? _____

In what ministries are you currently involved at this church? _____

_____

By signing this application form I am indicating that I am in full agreement with the doctrinal statement of CrossRoads Bible Institute, and if I am accepted as a student, I agree to abide by the policies set forth in the catalog of the Institute. CrossRoads Bible Institute is a ministry of CrossRoads Baptist Church.

_____
Signature Date