

Registration for Legacy Bible School International

Please complete and send to: LegacyBibleSchoolofGA@gmail.com

Date _____ Country Director _____

Does not apply to US Residents

Name _____

Address _____

Phone Number: _____ (please indicate ___ Cell ___ Home)

Email _____

Date of Birth _____ Sex: Male/Female

Marriage Status: Married/Single

Have you attended another Bible College or Ministry School? (yes/no) _____

If so, where? _____

When did you come to know Jesus as your personal Savior? _____

On a separate document, please share your personal testimony of how you came to know the Lord.

What is the name your church? _____

Position(s) that you currently serve in, or have served, at your church?

Where did you serve before this position? _____