

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN or STUDENT ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle/Maiden

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Charges & Payment** |
|  |  |
|  |  |
| **Room:** $40 per night Arrival date: \_\_\_\_\_\_\_\_\_\_ Departure date: \_\_\_\_\_\_\_\_\_\_\_ | $ |
|  | $ |
| **TOTAL** | $ |
| **PAYMENT:** [ ] Check/M.O. [ ] Visa [ ] MasterCard [ ] American Express [ ] Discover\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_Card Number Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_Signature Security CodeI understand that I am registered for the courses checked above. All payments must be completed by the first class meeting.**To receive a refund, I must cancel on or before the first class meeting.****All debit/credit card transactions are subject to a 2.99% processing fee of the amount being paid.** |

**Return completed registration form to:**

Summer Institute of Christian Spirituality • Spring Hill College

4000 Dauphin Street • Mobile, Alabama 36608-1791

Email: theology@shc.edu

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| ***For Office Use Only:*** |  |
| **1. Graduate Theology:****Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **2. Student Accounts:****Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **3. Registrar:****Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **4. Student Accounts:****Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |