



Rhema Studies of Theology Association
Rhema Studies of Theology Association
Biblical Training

EAST END CAMPUS ___ BRAMALEA CAMPUS ___ HAMILTON CAMPUS ___
(Please select one of the three locations)

REGISTRATION FORM
(PLEASE PRINT)

Date: _____

Title: Rev. Evangelist Missionary

Last Name: _____ F ___ M ___

First Name: _____ Initial _____

Address: _____

Town / City: _____

Province: _____

Postal Code: _____

Business Phone: _____

Home Phone: _____ Cell: _____

Email Address: _____

Church Name: _____

Pastor's Name: _____

Church Phone: _____

Program: (Please select one) *Certificate*: ___ *Diploma*: ___

Date: _____ Sign: _____

Please Note: Non-refundable registration \$50.00 is required Per Program with completed application form.

RSOTA Office Number: 647 498-7425, www.rsota.org, Email dr.lewis@rsota.org

Form 2008 RSOTA