**Church Teacher Training Institute**

**Registration Form**

Please fill out each line piece of information and e-mail the completed form to WTDdino@juno.com. This information will not be used for any other purpose than to maintain records and award a license.

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| Name |  |
| City or Town |  |
| Home church |  |
| Have you ever taught? |  |
| Experience in Teaching |  |
| e-mail |  |
| Short testimony |  |
| Why do you want to take these classes? |  |