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| Amount Paid: $ | Check # or Date of Credit Card Payment: | Page of  |
| Spiritual Community Name: | Account ID Number: **A-** |
| Street Address: |
| City:  | State/Province: | Zip: | Country: |
| Course Name: | Completion Date (mm/dd/yyyy): |
| Instructor: (name and email address) |
| Instructor #2: (if applicable) |
| Senior Minister/Spiritual Director Signature: (electronic is acceptable) |

Enter all student information, including Credit or Review. Address and email verification will take place. NOTE – for date of birth, year is not required. Enter the CSL Individual ID number if available; for new students leave the field blank and an ID will be created. \*Not sure what the Individual ID number is? Contact spiritualdevelopment@csl.org.

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| Individual ID Number: **I-** |
| Last Name: | First Name: | Date of Birth: |
| Street Address:  |
| City:  | State/Province: | Zip: | Country: |
| Credit: | Review: | Email address: |

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**ATTACH ADDITIONAL SHEETS AS NEEDED**.