

# 2010 FLORIDA COURSE OF STUDY SCHOOL - REGISTRATION FORM

Please mail your completed registration form and your NON-REFUNDABLE \$55 registration fee for each course payable to Florida Conference Treasurer: Course of Study School, Dr. Sam Ramirez, PO Box 93070, Lakeland, FL 33804

**Registration Deadline is Last Working Day of Month Prior to Month Course Begins**  
**If registering after the deadline, please add a \$10 late fee per session**

Please type or print all information. **Each part** of this registration must be completed.

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Annual Conference \_\_\_\_\_

Address: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

PID Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date you completed Licensing School \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Course that I plan to take:** (Select One for Each Session)

**January 15-16 and February 19-20, 2010**

- ECS 112 Teología en el Espíritu Wesleyano
- COS 114 Pastoral Leadership & Administration
- COS 212 Theological Heritage: Early & Medieval
- COS 314 Pastoral Care & Counseling
- COS 412 Wesleyan Movements
- COS 514 Theology & Practice of Ministry

**June 18-19 and July 16-17, 2010**

- ECS 114 Liderazgo Pastoral y Administración
- COS 112 Theology in the Wesleyan Spirit
- COS 214 Practice of Preaching
- COS 312 Theological Heritage: Reformation
- COS 414 Personal & Social Ethics
- COS 512 Contemporary Theology

**Please print the name and phone number of the person to contact in the event of an emergency:**

\_\_\_\_\_  
Name Relationship to Student Area Code/Phone Number

**To your District Superintendent:**

This applicant has my approval to attend the Florida Course of Study School.

\_\_\_\_\_  
District Superintendent's Signature

\_\_\_\_\_  
Date

**To your Annual Conference's Board of Ministry Local Pastor Registrar:**

A scholarship in the amount of \$\_\_\_\_\_ has been awarded to the applicant on behalf of the \_\_\_\_\_

\_\_\_\_\_ annual conference.

\_\_\_\_\_  
Conference Registrar (BOM) (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Student's Signature

Full Time Local Pastor;  Part Time Local Pastor,  New Student,  Handicapping Condition

**REGISTRATIONS WITHOUT ALL NECESSARY SIGNATURES WILL BE RETURNED TO STUDENT.**