



REGISTRATION FORM

848-628-4010
training@kingdomti.com

INSTRUCTIONS:

1. This enrollment form must be filled out and submitted by mail or in person on the start date.
2. Tuition payment must be included with this form.
3. Checks are payable to: **Kingdom Training Institute**.

PERSONAL INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: (____) _____ Cell #: (____) _____

Email: _____

Name of Church or Ministry: _____

Website: _____

Course #: KTI-_____ Course Name: _____

Tuition Paid: \$_____ Registration Paid? ___ Y ___ N If no, please add to Tuition amount.

Mail this form with your payment to:

Kingdom Training Institute
69 Myrtle Street
Cranford, NJ 07016

Special Note: No student will be turned away for lack of finances. Please call for details.

You may also sign up online:
www.KingdomTI.com