



Leader Contact Information

Name: _____

Position: _____

Church Name: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Church Phone: _____ Cell Phone: _____

Number of Students in Group: _____

Number of Leaders in Group: _____

Emergency Contact Information

Emergency Contact: _____

Relationship: _____

Phone Number: _____

Payment Information

Check No.: _____ (Make Checks Payable To: Life Pacific College; Memo: Preview)

Credit Card (Visa AmEx MC Discv)

Card No.: _____ Exp Date: _____ (Incl. Mo/Yr)

3 Digit Security Code: _____ Billing Zip: _____

Total Amount Enclosed: \$ _____

Mail This Form Along with Payment To:
Life Pacific College
Attn: Office of Enrollment Services
1100 W. Covina Blvd., San Dimas, CA 91773

| |
|------------------------------------|
| Office Use Only |
| Fee Paid: _____ Amount Owed: _____ |