

K.I.D. University Registration Form

Team Information	
Contact person:	Conference:
Phone number:	Church name:
E-mail:	Address:
K.I.D. U date:	City, State, Zip:
K.I.D. U location:	Church Phone:
Pastor's Name:	Complete an Individual Contact Form for each person, including the Pastor.
Experience / History	

What does your team specifically want to get out of K.I.D. University training?

Documentation / Verification

(Enter the total number of responses for each question)

A. Church Board Survey Results

Congregation Survey Results

1. ___ Disagree ___ No Opinion ___ Agree	1. ___ Disagree ___ No Opinion ___ Agree
2. ___ Disagree ___ No Opinion ___ Agree	2. ___ Disagree ___ No Opinion ___ Agree
3. ___ Disagree ___ No Opinion ___ Agree	3. ___ Disagree ___ No Opinion ___ Agree
4. ___ Disagree ___ No Opinion ___ Agree	4. ___ Disagree ___ No Opinion ___ Agree
5. ___ Disagree ___ No Opinion ___ Agree	5. ___ Disagree ___ No Opinion ___ Agree
6. ___ Disagree ___ No Opinion ___ Agree	6. ___ Disagree ___ No Opinion ___ Agree

B. We understand cost, rebate, and subsidy qualification requirements Yes ___ No ___

Include check payable to: **The K.I.D. Center**
P.O. Box 3002
Collegedale, TN 37315

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