



Rhema Studies of Theology Association
Rhema Studies of Theology Association
& Biblical Training

EAST END CAMPUS __ WEST END CAMPUS __ BRAMALEA
(Please select one of the three locations)

REGISTRATION FORM
(PLEASE PRINT)

Date: _____

Title: _____

Last Name: _____

First Name: _____ Initial _____

Address: _____

Town / City: _____

Province: _____

Postal Code: _____

Business Phone: _____

Home Phone: _____ Cell: _____

Email Address: _____

Church Name: _____

Pastor's Name: _____

Church Phone: _____

Program: (Please select one) *Certificate:* ____ *Diploma:* ____

Date: _____ Sign: _____

Please Note: A One Time non-refundable registration and student ID card fee of \$50.00 is required with completed application form. ***“\$75.00 fee per course is due at the beginning of each semester.”***

Thanks for your cooperation. RSOTA Fax Number: 905 655-4719

Form 2008 RSOTA