

Class record

Precept Ministries Canada may contact students unless indicated otherwise on this form.

Name of Study: _____ Date of First Class: _____

Location of where class meets: _____ Class Leader: _____

PLEASE PRINT CLEARLY

Full Name: _____

Address: _____ Province: _____

City: _____ Postal Code: _____

Phone: (____) _____ - _____

Email: _____

Class Assistant/Administrator Student

New Student?

Yes
 No

I would like to be informed of upcoming **events, new products, and updates on the ministry!**
(Check all that apply) If you're already on our mailing lists, please ignore this question.

E-mail Postal Mail Neither

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Please return class record to Precept Ministries at your earliest convenience. (Choose one of these 3 options)

1) Fax: 519.751.7666 2) Mail: 14 Holiday Drive, Brantford ON, N3R 7J4 3) Scan and Email: classes@preceptministries.ca

Full Name: _____

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