

# *Sarasota Academy of Christian Counseling*

Abundant Life Christian Counselling Services®, International Representative

## ENROLLMENT INFORMATION

DATE: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_ (Fax) \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ Social \_\_\_\_\_

Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Other Sex: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

## BACKGROUND INFORMATION

Present Occupation: \_\_\_\_\_

How Long: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

You Have Been a Christian \_\_\_\_\_ Years Year Graduated High School: \_\_\_\_\_

Year Graduated College: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

Name of Academic Institution: \_\_\_\_\_

Are You an Ordained Minister: \_\_\_\_\_ Year Ordained: \_\_\_\_\_

Your Denominational Preference: \_\_\_\_\_

Name of Local Church: \_\_\_\_\_

Pastor's Name/Address: \_\_\_\_\_

Friend or Relative: \_\_\_\_\_

Address: \_\_\_\_\_

How did you hear about Abundant Life Christian Counselling Services / Sarasota Academy of Christian Counseling? \_\_\_\_\_

- I am enclosing \$280 (including shipping and handling) for the training program entitled Creation Therapy
- I am enclosing \$118 and agree to pay the balance of \$144 in two monthly installments of \$72, which is due and payable on the first day of the month, with credit card orders only.

<b><u>TYPE OF PAYMENT</u></b>	
<input type="checkbox"/> Check or Money Order	Amount: \$ _____
<input type="checkbox"/> MasterCard	Expiration Date: _____
<input type="checkbox"/> Visa	
Name (Print exactly as on card): _____	
Card #: _____	( _____ ) 3 digit security code on back of card
Signature: _____	

Course tuition does not include membership fees in Sarasota Academy of Christian Counseling - \$25 application fee and \$50 annual membership dues. Students wishing to administer Arno Profile System must join S.A.C.C. and pass the course to become certified (authorized) to use Arno Profile System with people whom they counsel.

I understand that a refund of one-half of tuition will be given if the course is in usable condition within seven (7) days from the date of receipt. We do not reimburse shipping and handling charges.

DATE: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

### **RETURN APPLICATION TO:**

**Abundant Life Christian Counselling Services**  
**520 W. Tri-County Blvd.**  
**Oliver Springs, TN 37840**  
**865-435-5706**