



Biblical Education by Extension

Stichting BEE Bible School

Registration Form

First name: _____ Last name: _____

Address: _____ Postcode: _____ City: _____

Phone: _____ E-mail: _____

Birth date: mm ____ dd ____ yyyy _____ Are you a man / woman? Married / single?

What city & country are you from? _____ What languages do you speak? _____

What is your highest level of education? _____

How did you become a Christian? _____

Do you have responsibilities in your home church? ____ Which ones? _____

Have you gone to Bible school before? ____ Where? _____

Are you regularly attending a church in Holland? ____ Which one? _____

Please give us the name of a church leader to ask for a reference: _____

Address: _____ Postcode: _____ City: _____

Phone: _____ E-mail: _____

Describe your motivation for taking this Bible training: _____

How would you be active in serving God, do you have gifts you want to use? _____

An important part of this program is based on a mentor who helps you with the study.

Do you know a mentor who could help you? Name: _____

Address: _____ Postcode: _____ City: _____

Phone: _____ E-mail: _____

By registering this form I promise to:

Faithfully attend the 5 classes of each module	Yes/No
Study at least 10 hours per week	Yes/No
Pay Euro 50.00 per module	Yes/No
Ask a recommendation from a church leader	Yes/No

Signature: _____

**Return this form to: BEE Bible School
Anna Paulownastraal 74-B
2518 BJ Den Haag**