**Margo Moore-Valentine Ministries**
**The School of the Prophets " A Prophetic Institute"**

**Registration Form**

**Name:** _____

**Address:** _____

**City:** _____ **Zip Code:** _____

**Phone Numbers (Home & Work):** _____

**E-mail Address:** _____ **DOB:** _____

**Employment Position:** _____

**Marital Status:**

❑ **Single** ❑ **Married** ❑ **Separated** ❑ **Divorced** ❑ **Widowed**

**If married, name of your spouse** _____

**Do you have any children?** _____ **If so, how many?** _____

**Name of Church:** _____

**Location:** _____

**Name of Pastor:** _____

**Telephone:** _____

**Are you a licensed and/or ordained minister?** _____ **Yes** _____ **No**

**If yes, please list title:** _____

**Date of license and/or ordination:** _____

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**For Office Use Only**

❑ **Registration Form**
❑ **Registration Fee** _____ **Money Order** _____**Check Number**
❑ **Ministry Questionnaire & Spiritual Resume**
❑ **Tuition Agreement/Special Arrangement**
❑ **License/Ordination Duplicate Papers**
❑ **Two Character References**

❑ **Admitted** ❑ **Denied**

**If denied, please state reason:**
_____