

**SCHOOL OF TOMORROW[®], PHILIPPINES
CHRISTIAN EDUCATORS' TRAINING
SCHOOL REGISTRATION FORM**

Name of School: _____

Name of Church: _____

Pastor: _____

Administrator/Principal: _____

School Location Address: _____

School Mailing Address: _____

Tel #: _____ Fax #: _____ E-mail Address: _____

Please print legibly. Under "Learning Center Level" please indicate High school, Elementary, ABC's or Pre-school.

Name to be Printed on Certificate	Position	Learning Center Level	No. of Years Trained
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____

TOTAL NO. OF DELEGATES: _____

TOTAL AMOUNT PAID: _____

TRAINING VENUE: _____

IMPORTANT!

Please fill up and submit to head trainer. To be forwarded to SOTP office. Thank you.