



HIGHER GROUND CHURCH INTERNATIONAL
SPIRITUAL DEVELOPMENT INSTITUTE
PREMARITAL CLASS REGISTRATION FORM

PLEASE PRINT CLEARLY

DATE: _____

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE #: _____ WORK PHONE #: _____

CELL PHONE #: _____ E-MAIL: _____

PAYMENT METHOD

[FOR OFFICE USE ONLY]

Registrar Check ☐ # _____

Cash: ☐ \$ _____

SDI REGISTRATION FEE [PER COUPLE]
(non-refundable one-time fee):

\$50.00

PRE MARITAL CLASS FEE [PER COUPLE]

\$35.00

COURSE MATERIAL FEE [PER COUPLE]:

\$40.00

Total Fees Due: \$125.00

TOTAL PAID: \$ _____

☐ Cash: _____

☐ Check #: _____