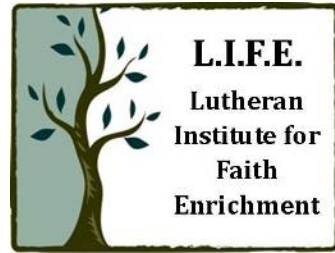


L.I.F.E.
**Lutheran Institute for
Faith Enrichment**
Enrollment Application



Send to: *Northeastern PA Synod of ELCA*
Attention: the Rev. Mary W. Gade
2354 Grove Road, Allentown, PA 18109

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Fax # _____

E-Mail Address _____

Congregation _____ Location _____

Length of time at this congregation _____

Highest academic/grade level in school completed _____

I would like to register for the following classes:

1 Bible Intro ____ **2** Old Testament ____ **3** Early Church ____ **4** Worship ____

5 Teaching God's Story ____ **6** Leadership ____ **All Classes** ____

I would like information about financial assistance _____ YES _____ NO

Your Signature _____ Date _____

I am aware that the above named candidate will be taking part in L.I.F.E.

Signature of Pastor/AiM/Congregational Leader

_____ Date _____

(Please note: a non-refundable \$25 registration fee must accompany this application.)

**Checks only, please, made payable to "NEP Synod."
Write "LIFE" in the memo line.**