

lamp

leadership & ministry preparation



Course Roster Form

(to be filled by Learning Site Coordinator)

Course Information:

Course Name _____ Facilitator Name: _____

Location _____ Time of class _____ Day of the Week _____

Student Roster & Payment Information:

Student Name _____ Payment \$ _____ Cash ____ Check ____

Student Name _____ Payment \$ _____ Cash ____ Check ____

Student Name _____ Payment \$ _____ Cash ____ Check ____

Student Name _____ Payment \$ _____ Cash ____ Check ____

Student Name _____ Payment \$ _____ Cash ____ Check ____

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Student Name _____ Payment \$ _____ Cash ____ Check ____

Student Name _____ Payment \$ _____ Cash ____ Check ____

Student Name _____ Payment \$ _____ Cash ____ Check ____

Payment Comments _____

Signature _____

Date _____