TELL US ABOUT YOURSELF
Please print clearly.

Name:_________________________________________ Gender:________________________

Email Address (used for confirmation):_____________________________________________

Home Address:___________________________________________________________________

Street Address City State Zip Code

Work Address:_____________________________________________________________________

Street Address City State Zip Code

Home phone:___________________________ Cell phone:_____________________________

Office phone:___________________________ Fax:_____________________________________

Emergency contact:________________________________________ Name__________________

Phone_________________________________________________________________________

Denomination:_________________________ Congregation (if any):_____________________

Please check one of the following:  ____Clergy  ____Retired Clergy  ____Lay Person  ____Seminarian

____Alternative Track to Ordination – Please list Conference for Alternative Track___________

____Employee  ____________________________________________ Other

(please fill in)

If you are an alumnus/a of Lancaster Seminary, what year did you graduate? _______________________

How/where did you hear about our Summer Academy (ex. Who referred you?)

_________________________________________________________________________________

Please check the appropriate selection.

I will be:  ____ Full-Time Commuter (One morning class, one evening class & one workshop)

____ Part-Time Commuter (1 or 2 classes / or 1 workshop / or 1 class + a workshop)

____ Full-Time Resident

(On campus lodging, meals and 1 morning class, 1 evening class & 1 workshop)

Let Us Know if You Have Special Needs (dietary, mobility, etc.):
NOW, SELECT YOUR CLASSES

If you are attending full-time, choose one from each category.

Morning Classes

All morning classes meet Monday through Friday, 9:00 a.m. – 12:15 p.m.
Please choose only one class from the group below.

☐ Spiritual Sustainability
☐ Creating LGBT Inclusive Congregations
☐ Beyond Recycling: The Church and the Moral Urgency of Creating an Environmentally Sustainable Future
☐ Baptist History and Theology

Evening Classes

All evening classes meet Monday through Friday, 6:30 p.m. – 8:30 p.m.
Please choose only one class from the group below.

☐ “Eating” the Bible
☐ The Other Greatest Generation: Custodians of Human Rights and Architects of Social Justice
☐ Leaving “Scar City” for the Land of Abundance: Integrating Faith and Money
☐ Baptist Polity

Afternoon Workshops

All workshops are held 3:00 p.m. - 5:00 p.m. Monday through Friday with Wednesday off.

Monday, Tuesday, Thursday, Friday

☐ Co-creating Liturgical Art
☐ Yoga and Faith Formation
FINALLY, CHOOSE YOUR PAYMENT OPTIONS - Registration deadline is June 26, 2015

**COMMUTER FULL-TIME** ....................$495 ___
Includes two classes and one workshop

**COMMUTER PART-TIME**, maximum of 2 selections
- Morning Class .........................$275 ___
- Evening Class .........................$185 ___
- 4-Day Workshop .......................$125 ___

**RESIDENTIAL FULL-TIME** ..................$900 ___
Includes two classes, one workshop, lodging & meals
Make lodging reservations early—space on campus is limited.

**THE TOTAL COST FOR MY SUMMER ACADEMY REGISTRATION IS $_______________________________**

**MEALS** served Monday a.m. through Friday p.m.; Breakfast is provided for residents only.
Commuter lunches and dinners ($15 per meal) are available. Purchase one week in advance.

**PAY IN FULL**
- [ ] I am paying in full with a CHECK / MONEY ORDER* enclosed in the amount of $__________________
- [ ] I am paying in full; charge my CREDIT / DEBIT CARD in the amount of $__________________________

**MAKE A DEPOSIT TO HOLD YOUR PLACE** - All deposits are non-refundable
- $250.00 deposit required for Residential Full-Time
- $100.00 deposit required for Commuter Full-Time
- $100.00 deposit for Commuter Part-Time
- $150.00 deposit for Commuter Part-Time with a workshop
- [ ] I am paying a deposit with a CHECK / MONEY ORDER* enclosed in the amount of $____________
- [ ] I am paying a deposit; charge my CREDIT / DEBIT CARD in the amount of $____________________
- [ ] I agree to pay the remainder upon my arrival of $___________________________________________

* Checks and money orders should be made payable to Lancaster Theological Seminary

**CREDIT / DEBIT CARD INFORMATION**
- [ ] MasterCard  [ ] VISA  [ ] American Express  [ ] Discover  [ ] Diners Club
- Card Number________________________________________ Card Expiration Date__________
- Name on the Card _____________________________ Security Code (CVV)____________
- Signature________________________________________

Mail this completed form, with check/money order (if applicable), by JUNE 26, 2015 to:
Attention: Dr. Larry Covin, Jr.
Continuing Education, Lancaster Theological Seminary, 555 W. James St., Lancaster, PA 17603