



**2024 REGISTRATION FORM**  
**SUMMER INSTITUTE of**  
**CHRISTIAN SPIRITUALITY**

**SPRING HILL COLLEGE**

NAME: \_\_\_\_\_ SSN or STUDENT ID#: \_\_\_\_\_  
Last First Middle/Maiden

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

<b>Charges &amp; Payment</b>	
<b>Room:</b> \$40 per night    Arrival date: _____ Departure date: _____	\$
	\$
<b>TOTAL</b>	<b>\$</b>
<b>PAYMENT:</b> <input type="checkbox"/> Check/M.O. <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
_____	_____
Card Number	Expiration Date
_____	_____
Signature	Security Code
<p>I understand that I am registered for the courses checked above. All payments must be completed by the first class meeting.</p> <p><b>To receive a refund, I must cancel on or before the first class meeting.</b></p> <p>All debit/credit card transactions are subject to a 2.99% processing fee of the amount being paid.</p>	

**Return completed registration form to:**  
 Summer Institute of Christian Spirituality • Spring Hill College  
 4000 Dauphin Street • Mobile, Alabama 36608-1791  
 Email: [theology@shc.edu](mailto:theology@shc.edu)

<i>For Office Use Only:</i>	
<b>1. Graduate Theology:</b> <b>Received Date:</b> _____	<b>2. Student Accounts:</b> <b>Received Date:</b> _____
<b>3. Registrar:</b> <b>Received Date:</b> _____	<b>4. Student Accounts:</b> <b>Received Date:</b> _____