



UNITED SPIRITUALISTS OF THE CHRIST LIGHT
4412 Carver Woods Drive Suite 204 Blue Ash, Ohio 45242
513-891-5424 WWW.USCL.ORG

USCL Department of Education
Course Registration Form

PLEASE PRINT CLEARLY

Name _____

Street Address _____

City, State ZIP _____

Telephone _____

Email Address _____

- Course Fundamentals of Mediumship
 Mediumship Level One
 Mediumship Level Two
 Mediumship Level Three
 Other/Title:

Instructor _____

Number of Sessions _____

Start Date _____

End Date _____

Time _____

Registration Deadline _____

Total Cost _____

Registration Payment _____

Balance Due _____

I have read and understand the class description and payment policy provided by the USCL Department of Education.

Signature _____

Date _____