



**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 \_\_\_\_\_