

Registration Form

PRAYING WITH ICONS

Please complete the entire form

2016/2017

Last Name: _____ First Name: _____ Prefix: _____
Ms. Mrs. Mr.

Street: _____ City: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email: _____

Parish: _____

Location: St. Rose of Lima, Altoona
Facilitator: Deacon Michael Russo
Time: 6:30-8:30 PM

Class Schedule

Tuesday: 5/16, 5/23, 5/30, 6/6 - (no class 6/13)

Wednesday: 6/21

Tuesday: 6/27

Wednesday: 7/5

Tuesday: 7/11

Registration Fee: \$35

Payment Enclosed: \$ _____

Please make checks payable to *Diocese of Altoona-Johnstown*

Send completed registration form and payment to:

Adult Enrichment and Lay Ecclesial Ministries

625 Park Avenue

Johnstown, PA 15902

Thank-You!