

Registration Form Sacraments

PRINT

Please complete the entire form

2024/2025

Last Name: _____ First Name: _____ Prefix: _____

Ms. Mrs. Mr.

Street: _____ City: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email: _____

Parish: _____

ZOOM CLASS (8 weeks)

Facilitator: Deacon Michael Russo 6:00-8:30 PM

Tuesdays: January 7, 14, 21, 28

February 4, 11, 18, 25

Registration Fee: \$35 Material Cost: \$20

I am taking the course for: Adult Enrichment Lay Ecclesial Ministry

Other _____ (Please Specify)

Payment Enclosed: \$ _____

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

Send completed registration form and payment to:

Adult Enrichment and Lay Ecclesial Ministries

609 Park Avenue

Johnstown, PA 15902

Thank-You!