

Registration Form

History of the Catholic Church in the U.S.

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

Thursdays: January 9, 16, 23, 30

February 6, 13, 20, 27

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!