

Registration Form

Heart of Faith

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. Patrick School Building, Johnstown
Facilitator: Mrs. Marybeth Heinze
Wednesdays: 6:30-8:30 PM
September 7, 14, 21, 28; Oct. 5, 12, 19, 26

~or~

Location: St. Catherine of Siena, Duncansville
Facilitator: TBA
Wednesdays: 6:30-8:30 PM
September 14, 21, 28; Oct 5, 12, 19, 26; Nov. 2

Registration Fee: \$35
Book Cost: \$20
(United States Catholic Catechism for Adults)

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

Location Choice: Johnstown _____ Duncansville _____

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!