

Registration Form

Church History

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. John Vianney, Mundy's Corner
Facilitator: Deacon Thomas Buige
Tuesdays: 6:30-8:30 PM (10 weeks)
March 7, 14, 21, 28; April 4, 11, 18, 25; May 9, 16
~or~

Location: St. Catherine of Siena, Duncansville
Facilitator: Mr. Donald Gibboney
Tuesdays: 6:30-8:30 PM (10 weeks)
March 7, 14, 21, 28; April 4, 11, 18, 25; May 9, 16

Registration Fee: \$45
Book Fee - \$20

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!