

Registration Form

Living Your Strengths

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: Family Life Office, Lilly
Facilitator: Msgr. Michael Becker
Thursdays: 6:30-8:30 PM (7 weeks)
January 26; February 2, 9, 16, 23; March 2, 9
Cost - \$70
(Includes Registration and Materials)

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

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!