

Registration Form

Old Testament

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: Fr. Anthony Petracca

Thursdays: 6:30-8:30 PM

Oct. 27; Nov. 3, 10, 17; Dec. 1, 15, 22, Jan. 5

~or~

Location: St. Rose of Lima

Facilitator: Fr. Brian Saylor

Tuesdays: 6:30-8:30 PM

Nov. 8, 15, 22, 29; Dec. 6, 13, 20; Jan. 3

Registration Fee: \$35

Book Cost: \$30

(Catholic Study Bible)

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

Location Choice: Johnstown _____ Altoona _____

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!