

Registration Form

Sacraments

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. Michael Church Hall, St. Michael
Facilitator: Rev. D. Timothy Grimme
Tuesdays: 6:30-8:30 PM
Jan. 10, 17, 24, 31; Feb. 7, 14, 21, 28 (Snow Date - March 7)

~or~

Location: Cathedral, Seton Suite, Altoona
Facilitator: Msgr. Robert Mazur
Mondays: 6:30-9:00 PM (6 weeks - 2 1/2 hrs)
Jan. 9, 16, 23, 30; Feb. 6, 13
Registration Fee: \$35
Book Cost: \$30

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

Location Choice: St. Michael _____ 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!