

Registration Form

Heart of Faith

Please complete the entire form

2017/2018

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 6, 13, 20, 27; October 4, 11, 18, 25

~or~

Location: Our Lady of Victory, State College

Facilitator: Deacon Dave Lapinski

Wednesdays: 6:30-8:30 PM

September 13, 20, 27; October 4, 11, 18, 25; November 8

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 _____ State College _____

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!