

# Registration Form Ecclesiology

*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. Rose of Lima  
Facilitator: Fr. Brian Saylor  
Time: 6:30-9:00 PM  
Tuesday August 22  
Wednesday August 23  
Tuesday August 29; September 5  
No Class September 12  
Tuesday September 19  
Wednesday September 20**

**Registration Fee: \$35**

**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!***