

Registration Form Old Testament

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
Tuesdays: 6:30-8:30 PM
November 14, 21, 28; December 5, 12, 19; January 2, 9**

**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!