

# Registration Form

## Heart of Faith

*Please complete the entire form*

**2018/2019**

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 5, 12, 19, 26; October 3, 10, 17, 24**

*~or~*

**Location: Our Lady of Victory, State College**

**Facilitator: Deacon Dave Lapinski**

**Wednesdays: 6:30-8:30 PM**

**September 5, 12, 19, 26; October 3, 10, 17, 24**

**Registration Fee: \$35**

**Book Cost: \$20**

***(United States Catholic Catechism for Adults)***

**16 Hours Continuing Education Hours**

I am taking the course for: Adult Enrichment \_\_\_\_\_ Lay Ecclesial Ministry \_\_\_\_\_  
Other \_\_\_\_\_ *(Please Specify)*

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!***