

# Registration Form

## Living Your Strengths

*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: Family Life Office, Lilly**  
**Facilitator Msgr. Michael Becker**  
**Thursdays: 6:30-8:30 PM**  
**January 24, 31; February 7, 14, 21, 28; March 7**  
**Registration and Material Fee—\$70**  
**14 Continuing Education Hours**

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

Location Choice: Altoona \_\_\_\_\_ Johnstown \_\_\_\_\_

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!***