

Registration Form Old Testament

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. Rose of Lima
Facilitator: Fr. Brian Saylor
Tuesdays: 6:30-8:30 PM
October 30; November 6, 13, 20, 27; December 4, 11, 18**

~or~

**Location: St. Patrick School Building, Johnstown
Facilitator: Fr. Peter Crowe
Wednesdays: 6:30-8:30 PM
October 31; November 7, 14, 21, 28; December 5, 12, 19**

**Registration Fee: \$35
Book Cost: \$30
(Catholic Study Bible)
16 Hours 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!