

**Registration Form
Ecclesiology
Father Brian Saylor**

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 Parish
5514 Roselawn Avenue
Altoona, PA 16602

Time: Tuesdays -6:30-9:00 PM
Class Dates: August 21, 28
September 4, (No Class 9/11), 18, 25

Registration Fee: \$35

I am taking this course for (please check one): _____ **Adult Enrichment**
_____ **Continuing Education Hours**
_____ **Third Year Track**

Basic Lay Ecclesial Ministry Certification: _____ (Y/N)

If yes, Year of Certification: _____

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!