

# Registration Form Writings of John Rev. Peter Crowe

*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:** TBA

**Time:** Thursdays - 6:30-9:00 PM (6 weeks)

**Class Dates:** August 30

September (no class 9/6), 13, 20, 27

October 4, 11

**Registration Fee:** \$35

**Material Fee:** \$15

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!*