

**Registration Form
Patrology
Deacon Michael Russo**

Please complete the entire form

2018/2019

Last Name: _____ First Name: _____ Prefix: _____
Ms. Mrs. Mr.

Street: _____ City: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email: _____

Parish: _____

In order to take this class, Sacred Scripture and Synoptic Gospels is a prerequisite.

Location: Family Life Office
5379 Portage Street
Lilly, PA 15938

Time: Thursdays - 6:30-9:00 PM (8 weeks)
Class Dates: March 7, 14, 21, 28
April 4, 11, (No class April 18 Holy Thursday), 25
May 2

Registration Fee: \$35

Book Fee : \$26 (2 books)

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

Year of Basic Lay Ecclesial Ministry Certification If Completed: _____

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!