

Registration Form
Sacred Scripture and Synoptic Gospels
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: _____

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

Time: Tuesdays - 6:30-9:00 PM (9 weeks)
Class Dates: August 21, 28
September 4, 11, 18, 25
October 23, 30 (No class on October 2, 9, 16)
November 6

Registration Fee: \$35

Book Fee : \$54 (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!