

**Registration Form
Wisdom Literature and Psalms
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: 6:30-9:00 PM (6 weeks)
Class Dates: Thursdays - August 23, 30
Wednesday - September 5
Thursdays - September 13, 20, 27

Registration Fee: \$35

Book Fee : \$20 (2 booklets)

I am taking the 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!