

Registration Form

Christian Prayer & Spirituality

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: CCW Incarnation Center, Gallitzin

Facilitator: Sr. Marilyn Welch, CCW

Wednesdays

March 13, 20, 27 (6:30-8:30 PM)

April 3, 10, 17, 24 (6:30—9:00 PM)

~or~

Location: St. Patrick School Building, Johnstown

Facilitator: Deacon Michael Russo

Tuesdays 6:30-8:30 PM

March 5, 12, 19, 26; April 2, 9, 16, 23

Registration Fee: \$35

Book Cost: \$20

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I am taking the course for: Adult Enrichment _____ Lay Ecclesial Ministry _____
Other _____ (Please Specify)

Location Choice: Altoona _____ Johnstown _____

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!