

Registration Form

Christian Prayer & Spirituality

Please complete the entire form

2019/2020

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: 6:30-8:30 pm

March 4, 11, 18, 25; April 1, 8, 15, 22

~or~

Location: St. Patrick School Building,

Facilitator: Deacon Michael Russo

Tuesdays 6:30-8:30 PM

March 3, 10, 17, 24, 31; April 7, 14, 21

Registration Fee: \$35

Book Cost: \$20

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

Location Choice: Incarnation Center _____ 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!