

Registration Form

Heart of Faith

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: St. Patrick School Building, Johnstown

Facilitator: Mrs. Marybeth Heinze

Wednesdays: 6:30-8:30 PM

September 4, 11, 18, 25; October 2, 9, 16, 23

~or~

Location: Our Lady of Victory, State College Facilitator:

Deacon Dave Lapinski

Tuesdays: 6:30-8:30 PM

September 3, 10, 17, 24; October 1, 8, 15, Wednesday 23

Registration Fee: \$35

Book Cost: \$20

(United States Catholic Catechism for Adults)

16 Hours Continuing Education Hours

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

Location Choice: Johnstown _____ State College _____

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!