

Registration Form

Living Your Strengths

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
Facilitator Msgr. Michael Becker
Thursdays: 6:30-8:30 PM
January 23, 30; February 6, 13, 20, 27; March 5
Registration and Material Fee—\$70
14 Continuing Education Hours

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!