

Registration Form

Sacraments

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. Michael Church Hall, St. Michael
Facilitator: Rev. D. Timothy Grimme
Tuesdays: 6:30-8:30 PM
January 7, 14, 21, 28; February 4, 11, 18, 25 (March 3—Snow Make-Up Day)

~or~

Location: Cathedral, Seton Suite, Altoona
Facilitator: Dr. James Merrick
Thursdays: 6:30-8:30 PM
January 9, 16, 23, 30; February 6, 13, 20, 27

Registration Fee: \$35

Book Cost: \$30

16 Hours Continuing Education Hours

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

Location Choice: St. Michael _____ Altoona _____

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!