

**Registration Form
Saint Paul
Dr. James Merrick**

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: Cathedral of the Blessed Sacrament, Altoona
Seton Suite

Time: Tuesdays - 6:30-9:00 PM

Class Dates: January 7, 14, 21, 28
February 4, 11

Registration Fee: \$45
Book Fee: TBA

I am taking this course for (please check one): _____ **Adult Enrichment**
_____ **Continuing Education Hours**
_____ **Third Year Track**

Basic Lay Ecclesial Ministry Certification: _____ (Y/N)

If yes, Year of Certification: _____

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!