

**Registration Form  
Trinity and Christology  
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: March 3, 10, 17, 24, 31  
April 7, 14, 21, 28,  
May 5**

**Registration Fee: \$45  
Book Fee: TBD**

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!*