

**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: St. Rose of Lima, Rectory, Altoona

Time: Thursdays - 6:00-8:30 PM

Class Dates: March 5, 12, 19, 26
April 2 (no class April 9 Holy Week), 16, 23, 30
May 7, 14

Registration Fee: \$45
Book Fee: \$30

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!