

Registration Form

Christian Prayer & Spirituality

Please complete the entire form

2020/2021

Last Name: _____ First Name: _____ Prefix: _____
Ms. Mrs. Mr.

Street: _____ City: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email: _____

Parish: _____

**Location: St. Patrick School Building,
Facilitator: Deacon Michael Russo
Tuesdays 6:30-8:30 PM
March 2, 9, 16, 23, 30; April 6, 13, 27
No Class 4/20/21**

**Registration Fee: \$35
Book Cost: \$20**

I am taking the course for: Adult Enrichment _____ Lay Ecclesial Ministry _____
Other _____ *(Please Specify)*

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!