

# Registration Form

## Living Your Strengths

*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 To Be Determined**  
**Facilitator Msgr. Michael Becker**  
**Thursdays: 6:30-8:30 PM**  
**February 4, 11, 18, 25; March 4, 11, 18**  
**Registration and Material Fee—\$70**  
***14 Continuing Education Hours***

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!***