

# Registration Form

## New Testament

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, Johnstown**  
**Facilitator: Msgr. Michael Becker**  
**Thursdays: 6:30-9:00 PM (6 weeks, 2 1/2 hrs class)**  
**September 10, 17, 24; October 1, 8, 15**

~or~

**Location: St. Matthew Tyrone**  
**Facilitator: Mr. Christopher Klopp**  
**Thursdays: 6:00-8:00 PM (8weeks)**  
**September 10, 17, 24; October 1, 8, 15, 22, 29**

**Registration Fee: \$35**

**Book Requirments and Cost: *TBD***

***16 Hours Continuing Education Credit***

I am taking the course for: Adult Enrichment \_\_\_\_\_ Lay Ecclesial Ministry \_\_\_\_\_ Other \_\_\_\_\_

Location Choice: Johnstown \_\_\_\_\_ Tyrone \_\_\_\_\_

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!***