

Registration Form Sacraments

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. Michael Church Hall, St. Michael
Facilitator: Rev. D. Timothy Grimme
Tuesdays: 6:30-8:30 PM
January 5, 12, 19, 26; February 2, 9, 16, 23
Snow Make Up Day If Needed - March 2

Registration Fee: \$35
Book Cost: \$30
16 Hours 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!