

Registration Form

Living Your Strengths

Please complete the entire form

2021/2022

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

Street: _____ City: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email: _____

Parish: _____

This class will be presented in person.

Location to be determined.

Facilitator Msgr. Michael Becker

Thursdays: 6:30-8:30 PM (7 weeks)

February 3, 10, 17, 24

March 3, 10, 17

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!