Registration Form Heart of Faith: Foundations of Catholicism

Please complete the entire t	form		2024/2024
Last Name:	First Name	:P	refix:
	CI.	A STATE OF THE STA	Ms. Mrs. Mr.
Street:	City:	Z	ip:
Home Phone:	Other Phon	e:	100 11
Email:	1 A 17		
Parish:	No. A. all III		
Th	Facilitator: Fr. Time Tuesday: 6	John Vianney, Johnstown othy Harris, TOR :30-9:00 PM pt. 3, 10, 17, 24	
For any qu	The book can be pu 16 Hours Continui		51-2000
	:: Adult Enrichment	Lay Ecclesial Ministry	Other
Payment Enclosed: \$			
	le to <i>Diocese of Altoona-Joh</i> ion form and payment to:	hnstown	
	Adult Enrichment and l	Lay Ecclesial Ministries	
	609 <mark>Park</mark>	x Avenue	
	Johnstown	. PA 15902	

Thank-You!