

One form per course, per person; fill in all information and please print clearly. See current schedule or website for course description.

Course Title:		Location:	
Course Hours:	Date/s of Classes:		
If your address has	changed since the last time you took a clas	s, please indicate by check	ing here:
Name:		Gender:	B.D
Address:		City:	State: Zip:
Most corresponde	nce is done thru email but we will send	by US mail if necessary	
Email:	(Only if checked regularly)	Pastor's Signature:	(required for EMHC or Lector training only)
Home Phone:	Work Phone: _		
Cell Phone:	Your Parish:		
Do you teach religion	on to teens or adults:		
	Extraordinary Minister of Hog with someone else in order to qualify	for a reduced fee? (Circ	
	er student:(This student should fill out a s	eparate registration form.)	
FEE (please check o	ne, ir applicable): i4 per class hour for single registrant (e.g.	\$4 per br v 6 brs = \$24)	Total:
	3 per class hour for each registrant when same class from the same parish (e.g. \$3	two or more register for th	
		- OR -	
Annual fee	pre-paid by my parish (Cathedral, Christ	the King-Southaven, St. A	ugustine, St. Brigid, St. Louis, Holy Spirit)
	Call the number below be 5825 Shelby Oa Phone: 373-1264 you n	aks Drive, Memphis, TN 38 nay also fax registrations t il: ils@cc.cdom.org	on or payment 3134 o: 373-1269
ALSO NECESSAR	RY - PLEASE CHECK ONE OF THE FOL	LOWING OPTIONS	
I would like IL	S to order my books (books available for p	ourchase on first day of cla	ss.) I will be responsible for cost of books.
My parish will	pay for my books,		
I will provide n	ny own books.		
No required be	ooks per description		