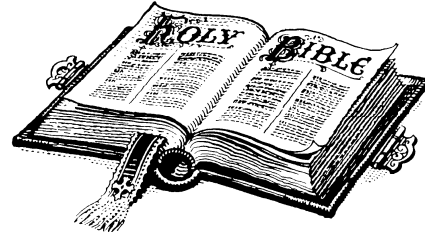


Bible Study REGISTRATION



Today's Date _____

Name _____ Date of Birth _____

Street _____

Town/State _____ ZIP _____

Phone _____ Cell ph _____

EMAIL _____ Parish _____

Morning Session _____ Evening Session _____

Interested in facilitating a small group? Yes _____ No _____ Maybe _____

Ever been in a Bible Study before? _____

If yes, tell us about it:

Special Needs _____ How did you find out about us? _____

Do you need a Catholic Catechism? Yes _____ No _____ A Bible? Yes _____ No _____

Do you need financial help? Yes _____ No _____

Can you sponsor someone in need of funds? Yes _____ No _____

Do not write in box:

_____ Workbook _____ Scholarship _____ Pd