



Adult Faith Formation 2017 Fall Program Registration

Name _____

Address _____

City/Zip _____

Phone _____

I wish to register for... (✓) all that apply:

Notes: Small Faith Communities—Please use separate sign-up card. This will help us facilitate groupings. Thank you.
Programs with Freewill offering-- taken on program date.

Nov.2-3 First Fruits --separate registration later.

_____ **Sept. 5-Discipleship, Dr. Scholz** (Freewill)

_____ **Sept. 19-Pivotal Players, Sr. Eileen** (No fee)

_____ **Oct. 3-Book Discussion, Dr. Block** (No Fee)

_____ **Oct. 10-Ways to Pray, Fr. Juknialis** (Freewill)

_____ **Oct. 17-Church Bells, Prof. Hauser** (Freewill)

_____ **Nov.7-Rights/Obligations, Fr. Aaron**-(No Fee)

_____ **Payment is enclosed.**

(Checks payable to **St. Alphonsus AF Ministry**)

Send to: St. Alphonsus Adult Formation
5960 W. Loomis Rd. Greendale, WI 53129

Questions? Call 421-2442 x 221