



**Adult Faith Formation 2017
Program Registration**

Name _____

Address _____

City/Zip _____

Phone _____

E-mail _____

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

**Note: For Lenten Small Faith Communities—
Please use the separate sign-up card. Thank you!**

___ **Jan. 18 & 25- "The Jewish Christ"-Sr. Bea (\$25)**

___ **Jan. 24-"Book Discussion" –Dr. Ed Block –no fee**

___ **Feb. 15 -"A Visit with Martin Luther" (freewill)**

___ **Feb. 22-"Everyday Saints"-Sr. Eileen-no fee**

___ **Mar. 5-Mar. 19- Busy Person's Retreat (\$25)**

___ **Mar. 25-Morning for Men (\$15.00)**

___ **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.



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