



**ADULT FAITH FORMATION REGISTRATION
2018-2019**

Last Name First Name Religion

Address City/Town Zip Code

Home Telephone Work Telephone Cell Telephone

Email address _____

Emergency contact/phone: _____

Day, Time, & Room	Course Title & Class Dates	Facilitator	Please Check Desired Class(es) Below (✓)
Mondays 7:00 p.m. – 9:00 p.m. Room 210	<i>The Gospel of Matthew</i> September 17, 2018 – April 29, 2019	Kathy Adams	
Tuesdays 7:00 p.m. – 9:00 p.m. Room 208	<i>The Book of Revelation</i> September 18, 2018 – June 11, 2019	Jim Justen & John Palaszczuk	
Wednesdays 1:15 p.m. – 3:15 p.m. Room 208	<i>The Acts of the Apostles</i> September 12, 2018 – April 30, 2019	Judy Sapienza	
Fridays 9:00 a.m. – 11:00 a.m. Room 208	<i>Great Adventure</i> September 14, 2018 – May 31, 2019	Amy Speetjens	

Each class entails a \$25.00 registration fee
Make check payable to: **St. Joseph Catholic Church**

❖
Return form with fee to:
St. Joseph Catholic Church
750 Peachtree Street
Herndon VA 20170-3798

❖
Parish Office: 703-880-4300
Religious Education Office: 703-880-4305
Fax: 703-880-4320
❖
Website: www.sjcherndon.org
Email: ReligiousEd@sjcherndon.org

For Office use only: Total\$ Due _____ Paid _____ Cash _____ Check# _____ Date _____
--