



## Registration Form

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

Course Title: \_\_\_\_\_ Location: \_\_\_\_\_

Course Hours: \_\_\_\_\_ Date/s of Classes: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ B.D. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Most correspondence is done thru email but we will send correspondence by US mail if necessary.*

Email: \_\_\_\_\_

*(Only if checked regularly)*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Name of Parish: \_\_\_\_\_

Pastor's Signature \_\_\_\_\_

*(Required)*

### **Catholic Diocese of Memphis, TN**

**5825 Shelby Oaks Drive, Memphis, TN 38134**

**Phone: 373-1264 or you may also fax registrations to: 373-1269**

**Email: [ils@cc.cdom.org](mailto:ils@cc.cdom.org)**

**Website: <http://www.cdom.org>**