



Registration Form

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

Course Title: _____ Location: _____

Course Hours: _____ Date/s of Classes: _____

If your address has changed since the last time you took a class, please indicate by checking here: _____

Name: _____ Gender: _____ Birth Date _____

Address: _____ City: _____ State: _____ Zip: _____

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

Email: _____

Home Phone: _____ Cell Phone: _____

Your Parish: _____

Do you teach religion to teens or adults: _____

Pastor's Signature: _____ ***(required for EMHC or Lector training only)***

**** Please Note: There is NO CHARGE for the following: Liturgical Foundations and these level 1 courses: Extraordinary Minister of Holy Communion, Lector, Sacristan, Cantor***

Return Registration Forms to:

Attn: Angie Beller

5825 Shelby Oaks Drive, Memphis, TN 38134

You may also fax registrations to: 373-1269

Email: angie.beller@cc.cdom.org

If you have any questions please contact Worship Office at (901) 373-1261