REG	ISTRATION FOR CA	TECHIST CER	TIFICATION C	OURSE		
Site Name:	Course Name:					
Participant Name:		F	Phone:			
Address:	A A		Last 4 SS #			
Email:	in C					
	(Please mark one) Parish or School Nan					
Registration Fee: \$35.00						
Please make payments to the	e Archdiocese of Miami a	and return it with th	nis registration for	rm to the hosting parish.		

REGISTRATION FOR CATECH	IIST CERTIFICATION COURSE
Site Name:	Course Name:
Participant Name:	Phone:
Address:	Last 4 SS #
Email:	
(Please mark one) Cate	chist Teacher Other Minister
Parish or School Name:	2.40.37
Registration Fee: \$35.00	
Please make payments to the Archdiocese of Miami and ret	urn it with this registration form to the hosting parish.

REG	ISTRATION FOR CATE	CHIST CERTIF	ICATION CO	OURSE		
Site Name:	Course Name:					
Participant Name:		N Z	Phone:			
Address:	Y.		Last 4 SS #			
Email:	S C					
	(Please mark one) C Parish or School Name:			Other Minister		
Registration Fee: \$35.00						
Please make payments to th	e Archdiocese of Miami and	l return it with this r	egistration forr	n to the hosting parish		