

## REGISTRATION FOR CATECHIST CERTIFICATION COURSE

Site Name: \_\_\_\_\_ Course Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Last 4 SS # \_\_\_\_\_

Email: \_\_\_\_\_  
(Please mark one)  Catechist  Teacher  Other Minister

Parish or School Name: \_\_\_\_\_

Registration Fee: \$35.00

*Please make payments to the Archdiocese of Miami and return it with this registration form to the hosting parish.*

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