



Office of Faith Formation and Lay Ecclesial Ministry
 Directory for Catechesis

PARTICIPANT INFORMATION FORM

COURSE TITLE _____ FACILITATOR _____ DATES _____

PLEASE TYPE OR PRINT

LAST NAME	TITLE	FIRST NAME	ADDRESS		PHONE/ EMAIL	PARISH/SCHOOL/ CITY
1.			Street			
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PLEASE TYPE OR PRINT

LAST NAME	TITLE	FIRST NAME	ADDRESS		PHONE/ EMAIL	PARISH/SCHOOL/ CITY
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