

JustFAITH 2011-12 Registration Form

JustFaith Version check one:

JustFaith

JustFaith Catholic

Church Information

Date: _____

Name of Church or Parish: _____ Phone: _____

Denomination(s): _____ Address: _____

City: _____ State: _____ Zip: _____

Name of Pastor / Minister: _____ Diocese: _____

Intended start-up and conclusion dates for program: ____ / ____ / ____ to ____ / ____ / ____

Contact Information

Primary Facilitator: _____

Address: _____

Street Number, Name

City

State

Zip

Work Phone: _____ Home Phone: _____

E-Mail: _____

Second Facilitator: _____

Address: _____

Street Number, Name

City

State

Zip

Work Phone: _____ Home Phone: _____

E-Mail: _____

How did you find out about the JustFaith program? _____

Payment Information

The fee for 2011-12 JustFaith is \$325.00

New Registration

Renewal

Check enclosed Payable to JustFaith Ministries

Check #:

or Money Order

Mail this completed form to:

Registrations
JustFaith Ministries
P.O. Box 221348
Louisville KY 40252

If you have any questions, please contact us at info@justfaith.org or 502-429-0865

For Office Use Only

JustFaith