

ENCOUNTER

experiencing God in the everyday

Study Registration Form

Participant Information

Name: _____

Address: _____

City: _____

State, Zip _____

Email: _____

Registration Options

Participant Fee: _____

Donation to Scholarship Fund: _____

Total: _____

Cash Y/N? _____

Check Y/N? _____

Checks can be made payable to:

and mailed to:

To request financial assistance please email _____ at _____ or call _____.

Special Needs: _____

Volunteer Opportunities: Small Group Facilitator Y/N? _____ Hospitality Y/N? _____

Other _____



Visit BibleStudyforCatholics.com to learn more about *The Great Adventure* Catholic Bible study program.