

WISDOM

GOD'S VISION FOR LIFE

Study Registration Form

St. John the Baptist Parish

Thursday, October 4 - Thursday, November 29, 2018

(8 weeks of sessions at either 1:30pm or 7pm in the Church Auditorium)

PARTICIPANT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____

PROVINCE, POSTAL CODE: _____

EMAIL: _____

PHONE NUMBER: _____

CELL PHONE NUMBER: _____

REGISTRATION OPTIONS

PARTICIPANT FEE IF REGISTERING BY **SEPTEMBER 19**: \$50.00

(Registration Fee includes Participant Journal)

IF REGISTERING **AFTER** SEPTEMBER 19: \$60.00

TOTAL: _____

SESSION I WILL BE ATTENDING (PLEASE CIRCLE):

1:30PM

7:00PM

CASH: _____ CHEQUE: _____

CHEQUES CAN BE MADE PAYABLE TO : St. John the Baptist Parish.

If you need any assistance, please email Connie at conniesjb@gmail.com or call 306-421-8447.