

Registration

DOORS OF MERCY

8 LIFE-CHANGING
SESSIONS

Invite your friends!

Parish _____

Address _____

City _____ State _____ Zip _____

Sessions

	Start Date	Day of Week	Time	Type of Group
<i>Example</i>	<i>Feb 4</i>	<i>Wednesday</i>	<i>7 pm</i>	<i>Religious Ed parents and all</i>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

___ **I am a parishioner at this parish** ___ **I am not a parishioner at this parish**

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone _____

Current Plan for Study: ___ Will attend sessions (highly encouraged for maximum benefit!)
 ___ Can only participate virtually (internet access needed for streaming video)

___ I understand that my registration includes:
1) my *Doors of Mercy* Study Guide, and
2) access for myself to Streaming Video of the video lessons

I'm interested in offering my gifts in these roles:

___ Coordinating (list role) _____

___ Coordinating (list role) _____

___ Helping with (list role) _____

___ Helping with (list role) _____

Registration Cost: \$ _____

Paid by

Check # _____

Credit card type _____

CC # _____ Exp Date _____

Sec Code _____

Cash
