

EPHESIANS

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Work Phone: _____ Mobile: _____

Preferred Method of Contact: Phone: _____ Email: _____ Text: _____

Class starts on: Oct. 9, 2018
Class Time: Tuesday, 10:00 A.M. to 12:00 P.M.
Location: Lucchetti Ministry Center Room #9

Parish/Church: _____

Registration Fee: \$25.00 After Sept 11: \$30.00	Please make checks payable to: St. Michael's Church Mail To: St. Michael's Church 5882 N. Ashley Lane Stockton, CA 95215	
Office Use Only:		
Date Paid: _____	Check # _____	Cash: _____

St. Michael's Catholic Church

5882 N. Ashley Lane
Stockton, CA 95215
(209) 931-0639