



REGISTRATION FORM

Church Community/Group Information Date: _____

Group Name (Parish/ Community): _____

Denomination(s): _____

Contact Address: _____

City: _____ State: _____ Zip: _____

Diocese/ Region: _____ Phone: _____

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

Facilitator Contact Information

First Co-Facilitator: _____

Address: _____
Street Name, Number, City, State, Zip

Work Phone: _____ Home Phone: _____

E-Mail: _____

Second Co-Facilitator: _____

Address: _____
Street Name, Number, City, State, Zip

Work Phone: _____ Home Phone: _____

E-Mail: _____

Payment Information

The cost for a group to register for **Engaging Spirituality for 2011-12 is \$325.00**

Check enclosed

Check #: _____ or Money Order
(Payable to JustFaith Ministries)

Refer questions to
spirituality@justfaith.org
502-429-0865

Mail this completed form to:
Registrations
JustFaith Ministries
P.O. Box 221348
Louisville KY 40252

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