



STUDY REGISTRATION FORM

October 21- December 9, 2025, Tuesday for 8 weeks

6:00 - 7:30 pm

St John the Baptist Church - Garden Room

Participant Information: (Please write clearly in print.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Registration Fee: \$30 (cost of workbook)

Submit this form with your payment (cash/check) to the Parish Office. Checks can be made payable to: St John the Baptist Church.

FOR OFFICE USE ONLY

Received by: _____ Fees Paid: _____

Date Paid: _____ Method: Cash Check# _____

Fee Notes: _____