

EPHESIANS



Study Registration Form

PLEASE CHECK SESSION CHOICE:

Wednesday Morning Group

January 17 – March 14

9:15 am – 11:00 am

Thursday Evening Group

January 18 – March 15

7:15 pm – 9:00 pm

Participant Information

Name: _____

Address: _____

City: _____

State, Zip _____

Email: _____

Registration Options

Participant Fee: **\$35.00**

Donation to Scholarship Fund: _____

Total: _____

PLEASE MAKE CHECKS PAYABLE TO:

St. Isidore Church

RETURN FORM AND PAYMENT TO:

St. Isidore Church
Faith Formation Office
440 La Gonda Way #210
Danville, CA 94526

Returning to the Bible Study: YES / NO

If YES, who was your small group leader? _____

Would you like to continue with this group? YES / NO

Do you need childcare? (For Morning Session only) YES / NO

Child / Children's names and ages: _____



Registration Date: _____ Amount Paid: _____

Payment Type: Check # _____ Cash / Credit Card