

A Testimony to God's Truth, Faith, Hope, and Love

ACTS

The Spread of the Kingdom

Study Registration Form



Participant Registrations: 1 2 | Other: _____
(Registration Per Couple) (Fill Out Extra Form \$\$)

Name: _____

Address: _____

City: _____

State, Zip: _____

Email: _____

Phone: _____

*Can Your Phone Text?: Y N (*Required)
*Do You Have A Computer: Y N (*Required)

Registration Options
Please Select ONE Location

- St. Jane de Chantal Church Bible Study
- St. Michael Catholic Mission Bible Study

(Includes Study Guide)

Participant Fee: \$ 30.00

Donation to Scholarship Fund: _____

Total: _____

Cash Y/N? _____

Check Y/N? _____ #

[Includes Study Guide
And Study Resources]

Checks can be made payable to:

St. Jane de Chantal Church Bible Study (ACT)
And Mailed To:
72040 Maple St, Abita Springs, LA 70420

Please Select Print Your Special Class Requirements/ Needs (if any) Below:

Needs Check:

[Select One Choice Only]



Volunteer Opportunities:

Small Group Facilitator Y/N? _____

Hospitality Y/N? _____

Other: _____

To request financial assistance please email **Mr. Bob Buras** at B.Buras@StJaneBibleStudy.Org or call **504.577.0189**

