

### PARISH INFORMATION

Date: \_\_\_\_\_  
Name of Parish or Group: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Diocese of: \_\_\_\_\_  
Name of Pastor: \_\_\_\_\_  
Intended start-up and conclusion dates for program: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### CONTACT INFORMATION

**Primary Facilitator:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Name, Number, City, State, Zip

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Second Facilitator:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street Name, Number, City, State, Zip

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### PAYMENT INFORMATION:

The fee for 2008-09 JustFaith Catholic is \$300.00

New Registration  Renewal

Check enclosed

Check #: \_\_\_\_\_ or Money Order

(Payable to JustFaith Ministries)

#### Mail this completed form to:

Registrations

JustFaith Ministries

P.O. Box 221348

Louisville KY 40252

If you have any questions, please contact us at [info@justfaith.org](mailto:info@justfaith.org) or 502-429-0865

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