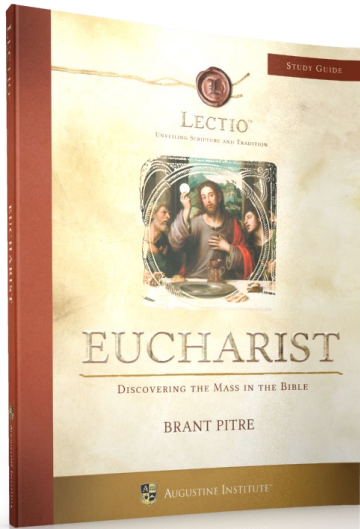


# REGISTRATION FORM

## LECTIO: EUCHARIST



NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL: \_\_\_\_\_

**12:45 PM TO 2:00 PM OCTOBER 22 AND 29 NOVEMBER 5, 12 AND 19, 2018**

**CHAPEL AT St. Patrick's Church, Watertown**

**Workbook from Augustine Institute \$10.00**

Administrative use

Received \_\_\_\_\_ Wkbk payment received \_\_\_\_\_