



REGISTRATION FORM

THE GREAT ADVENTURE BIBLE STUDY WITH JEFF CAVINS LIVE!

Fall 2010 ~ Revelation (11 weeks; starts Sept. 14)

Spring 2011 ~ The Mass (11 weeks; starts Feb. 1)

LAST NAME:		FIRST NAME:		M	F
Group Preference:	<input type="checkbox"/> Men's Group	<input type="checkbox"/> Women's Group	<input type="checkbox"/> Mixed Group	<input type="checkbox"/> No Preference	
Bible Knowledge:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced		
Age:	<input type="checkbox"/> (20-35 years old)	<input type="checkbox"/> (36-50 years old)	<input type="checkbox"/> (51-65 years old)	<input type="checkbox"/> (Over 65 years old)	

SERIES:

TUESDAY MORNINGS "LIVE!" (10 a.m. to Noon) **REVELATION** **THE MASS**

FALL VIDEO SERIES (Thursdays, 6:30 to 8:30 p.m.) **REVELATION**

SPRING VIDEO SERIES (Thursdays, 6:30 to 8:30 p.m.) **THE MASS**

Street Address:	
City:	ZIP Code:
Home Phone: <i>(With area code)</i>	Mobile or Day Phone:
E-Mail: <i>(Please print clearly)</i>	
Parish:	

Tuesday Morning Only

Child Care Needed: Number of Children: ____ **Ages:** _____

Child care is available on a limited, first-come, first-served basis and considered to be reserved ONLY if the first week's payment is made with registration. **Cost is \$5/child per week.** St. John's child care will be conducted by VIRTUS trained staff and includes structured faith program, snack and juice. Your child care reservation will be confirmed at least two weeks prior to the start of the first series. Please use the space below to list any special needs your child(ren) may have, including allergies (please feel free to use the back page, too.)

Registration fees may be made payable to: *St. John's*
Completed forms with fees may be mailed to:

St. John the Baptist Catholic Church
4625 W. 125th Street
Savage, Minnesota 55378
Attn: *The Great Adventure*

FOR MORE INFORMATION, CONTACT
 BRENDA SCHROLL AT (952)890-9434 OR
 BSCHROLL@STJOHNS-SAVAGE.ORG OR

Registration Fees: *Financial assistance is available depending on need.*

\$110/both Revelation and The Mass

\$ 60/Revelation only

\$ 60/The Mass only x

\$ 5/Child per week

TOTAL DUE: \$ _____

Office: Paid Check # _____ **Cash** _____ **Date:** _____