

**EVANGELIZATION: CHRISTIAN DISCIPLESHIP AS VOCATION
CLASS DATES FOR 2009**

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| Wed. | January 7 | Archdiocesan Pastoral Center | 2718 W. Woodlawn Ave. |
| Wed. | February 4 | Archdiocesan Pastoral Center | 2718 W. Woodlawn Ave. |
| Wed. | March 4 | Archdiocesan Pastoral Center | 2718 W. Woodlawn Ave. |
| Wed. | April 15 | Archdiocesan Pastoral Center | 2718 W. Woodlawn Ave. |
| Wed. | May 6 | Archdiocesan Pastoral Center | 2718 W. Woodlawn Ave. |
| Wed. | June 10 | Archdiocesan Pastoral Center | 2718 W. Woodlawn Ave. |
| Wed. | July 8 | Archdiocesan Pastoral Center | 2718 W. Woodlawn Ave. |
| Wed. | August 12 | Archdiocesan Pastoral Center | 2718 W. Woodlawn Ave. |
| Wed. | September 9 | Archdiocesan Pastoral Center | 2718 W. Woodlawn Ave. |
| Wed. | October 7 | Archdiocesan Pastoral Center | 2718 W. Woodlawn Ave. |
| Wed. | November 11 | Archdiocesan Pastoral Center | 2718 W. Woodlawn Ave. |
| Wed. | December 2 | Archdiocesan Pastoral Center | 2718 W. Woodlawn Ave. |

TIME: 6:30p.m. - 9:00p.m. **FEE:** \$35.00

Please return the portion below with your payment for classes. In order to receive certificate of completion couples need to be on time for class.

Anyone more than 30 minutes late will have to register for the next class.



Today's Date: _____ Date you wish to attend: _____

Bride: _____ Date of Birth: _____

Address: _____ City/Zip: _____

Phone (Hm): _____ Wk. _____ Occupation: _____

Religion: _____ Parish & City _____

Groom: _____ Date of Birth: _____

Address: _____ City/Zip: _____

Phone (Hm): _____ Wk. _____ Occupation _____

Religion: _____ Parish & City _____

Church where wedding will take place: _____

City: _____ Date of Wedding: _____

Name of Priest performing wedding: _____

How long have you dated? _____ How long have you been engaged? _____

Are you presently in a civil marriage?: _____ If so, date of marriage: _____

PLEASE MAKE \$35 CHECK OR MONEY ORDER PAYABLE TO: ARCHDIOCESE OF SAN ANTONIO

Please note: We do not confirmation by phone or mail of the registration.

Mail this registration form and money to:
Office of Marriage & Family Life
P.O. Box 28410
San Antonio, Texas 78228-0410

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| Office Use Only-ECDV |
| Date Received _____ |
| Amount Encl. _____ |
| Ck.# _____ Cash _____ |
| MO# _____ |

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| To insure timely receipt of admission to class and completion of certificate, <u>either</u> send money order <u>OR</u> check (60 days in advance of class date) with registration form. |
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